VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		U	Y	26

CERTIFICATE OF DEATH

	U	y	6	3	7	-	
og.	Dist.	No		U	Y	C	0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltimore	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 37 days	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 2233 Frederick Ave.		
Vets. Adm. Hospital, Ft. Howard, Maryland	(If rural, give LOCATION)		
How long in hospital or institution? 37 days	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
NATHAN LEONARD ADAMS			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	2D, DATE DF DEATH. October 26 19 46 at 8:15 BM		
6.(b) Name of husband or wife Grace O. Adams	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	September 19 19 46 10 October 26 19 46		
7. Birth date of	and that I last saw him alive on October 26 19 46		
deceased (mo., day, yr.) 6/12/1894	Immediate cause of death Coronary occlusion DURATION		
O. AGE.	acute		
52 4 14min.			
9. Birthplace Midfield, Mass. (Town, county, and state)	Due fo Heart disease - coronary 5 months		
1D. Usual occupation. Unemployed	arteriosclerosis - anginal syndrome- plus		
1D. Usual occupation	*XXX myocardial insufficiency		
11. Industry or business			
12. Name Louis Adams 13. Birthplace Unknown	Other conditions Hypertension, arterial		
	(Include pregnancy within 3 months of death)		
14. Maiden name Katie Leonard 15. Birthplace New Hampshire			
15. Birthplace New Hampshire	Major findings of operations		
16. Informant Registrar's Office, Clin. Records	Autonsy results		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Vets. Adm. Hosp., Ft. Howard, Md.	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Burial Date thereof 0 30/46 (Month) (Aday) (year)	Accident, suicide, or homicide		
cemetery or crematory Loudon Park Cemetery	Where did injury occur?		
Location 3801 Frederick Rd. Balto., Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director	Means of Injury Injured at work?		
Address Hollins & Gilmor Sts. Balto. Md.	Robert m Cullison		
	23. SIGNATURE ROBERT M. Cullison, M.D. Clan. or Dist.		
19. Date rec'd hy registrar) Registrar	Address Fort Howard, Maryland Date signed 10/27/46		

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(9728 44 Reg Dist No.

CERTIFICAT	Reg. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County/ Baltimore	(For newborn infants give residence of mother)	15.
City or town	State Maryland County	
How long In above place of death? 5 Days	City or lown	rest town)
Hospital, Institution, or street address where death occurred:	Street No. Parkton , Md.	
Vets. Adm. Hospital, Ft. Howard, Maryland	(If rural, give LOCATION)	
How long in hospital or institution? 5 Days	2.(a) If veteran, name war SAN	
3. (a) FULL NAME	3. (b) Social Security	Number
WILLIAM C. ARCHER		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	2B. DATE DF DEATH. October 16, 19.46	J:00 P M
	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
5.(b) Name of July half frie	October 11, 19.46 to Oct. 16	1946
7. Birth date of 33. 35. 65.	and that I last saw h im alive on October 16,	1946
7. Birth date of deceased (mo., day, yr.) 11-17-75-	Immediate cause of death	
8. AGE: Years Months Days if less than one day	Bronchopneumonia and	
70 10 29hrsmin.	Uremia	Unknown
9. Birthplace	Due to Urinary Obstruction	
10. Usual occupation Retired	Due to Hyperplasia of prostate	Unknown
19. Volume Goodpanion.	Due to	
11. Industry or business	Dither conditions	
F n-1-1- MA		
13. Birthplace Belair, Mide	(Include pregnancy within 3 months of death)	
14. Malden name. Emma Magnus Belair, Md.	Major findings of operations.	
E 15. Birlhplace Delair, Mid.		
16. Informant Registrar's Officer, V. A.	Autopsy results	
Address Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged	statisticany.
Burial cremation or removal Which?) Date thereof Oct 19 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Survival and the second and the	Accident, suicide, or homicide	
Cemetery or exemptor. West Location	Where did injury occur?	(State)
lestion White Hall Md. R.D.	injured at home, farm, industry, public place (where?)	
1 Jacob Stantonator	Means of Injury Injured at work?	
18. Funeral director	D. O. O. O.	
Address / / / Lew Streeding/	23. SIGNATURE ROBERT M. Culler	or other
19 19 Danier L. Farber	V A Pt Homond Md	RECTOR
19. (Date rec'd by registrar) Registrar	Address Va R. PG. HOWAPG, MCG. Date signed	TA-T1-70



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WILES ET ETERNISTE

Morecoporas MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 13-6 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The coof death clearly and legibly. (For newborn infants give residence of mother) 1sallema City or town. (If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write BURAL and give nearest town) How long in above place of death?... Hospital, Institution, or street address where death occurred: (Itriral, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 5 Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION tem of i MARGIN RESERVED FOR BINDING 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that attended deceased from .6.(c) If alive, give age years 7. Birth date of an deceased (mo., day, yr.) Supply DURATION Immediate cause of death if less than one day 8. AGE: Months ADING INK. Physicians: pl 9. Birthpiace. (Town, county, and state) 1D. Usual occupation. 11. Industry or business WITH UNF 13. Birthplace (Include pregnancy within 3 months of death) WITH 14. Malden name. Major findings of operations..... 15. Birthplace PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: (month) (day) (year) Date thereof. Accident, suicide, or homicide..... Where did injury occur? WRITE (City or town) (County) (State) Injured of home, farm, Industry, public place (where?) injured af work? Meens of injury PLEASE 23. SIGNATURE (Date rec'd by registrar) Registrar

VS A15

Evidence for the change MARYLAND STATE DEPARTMENT OF HEALTH of date of birth is shown on 2411 N. Charles St., Baltimore (131-62)

M No.	I	0 8	B DEC	12	1946	CERTIFICATE OF	DEATH
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19730 Reg. Dist. No. 44

1. PLACE OF DEATH: County Ballo	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md. County Hts Ballo:
How long in above place of dealn?	City or town
Hospilal, institution, or street address where death occurred:	Street No. 164 Diverside Rd.
114 www.side toad.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Arthur B Ballentine	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W married	A-+) 41 0A
01+1.	20. DATE OF DEATH & Ct. 2 19 46 21 9 A. M
6.(6) Name of husband or wife Collered nee	21. I CERTIFY that dealh occurred on the date above stated; that I attended deceased from
Zenning 6.(c) If allve, give age 6.5 years	Och 11 1941 10 Det. Z 1946
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
0	
66min.	Ceretral Newow Lage 2 days.
9. Birthplace (Town, county, and state)	Que to
10. Usual occupation Store Reeper.	Due to
11. Industry or business Stellared	A second
12. Name Alexander Ballenline 3. 8 Irthplace Ballo	Other conditions allewoselirous; Sypellagion; 3400.
	(Include pregnancy within 3 months of death)
14. Maiden name Clarabelle Sannders 15. Birthplace Balto,	Major findings of operations.
10-11	Date of op.
16. Informant Mrs. Catherine Pallentine Lew	Actopsy results
Address 114 bliverside bld.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. A unial . Date thereof. 10/5/46 (month) (day) (year)	Accident, suicide, or homicide
4.69	
Gemetery or crematory and dawn:	Where did injury occur?
Location Eastern ave. Ad.	Injured at home, farm, Industry, public place (where?)
18. Funeral director John & Connelly	Means of Injury Injured at work?
Address 418 Castern ave. Kissef 2!	Jest Felling min
At 4 46 10 10 101	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address & Della Bate signed 73/46

OCT 10 1946
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 920,



09731

CERTIFICATE OF DEATH

Reg. Diat. No. 30

1. PLACE OF D	EATH: Baltj	more		2. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town	Cator	sville	RURAL and give nearest town)	State Maryland Con	unty		
/				City or town. Baltimore (If outside city or town limit	***************************************		
How long in above pla	or street address where	lays.					
			spital	Street No1805NMontfor	d Ave		
			SPITOAL	2.(a) If veteran, name war			
		uay.s		2.(d) It veteran, name war			
3. (a) FULL NAI		les J.	Barnes		3. (b) Social Security	Number	
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
m	W		separated	20. DATE OF DEATH October 31	1946.	10:10a.n	
	Mo.	nia Pa	rnes	21.1 CERTIFY that death occurred on the date ab-	ove stated; that I attended dec	eased from	
6,(0) Name of husbar	nd or wile	rreng-		October 3	46 to October	23119.46	
7. Birth date of		6.((c) if alive, give age51years	and that I tast saw himalive on			
deceased (mo., da)	y, yr.) Januar	у 23,	1898	Immediate cause of death			
o. Add.	ars Months	Days	if less than one day	Acute myocarditis.	cause	2 weeks	
	48 9	8		undetermined.			
9. Birthplace	Maryland	, county, and	state)	Duo to			
10. Usual occupation	wood-ca	ulker					
11. Industry or busin				Due fo			
				Other conditionsReactive dep			
12, Name							
	altimor			(Include pregnancy within 3	months of death)	••	
HI 14. Maiden nam			r	Major findings of operations			
€ 15. Birthplace	Baltimo	re, Md	•		Date of op		
16, Infurmant	Hospita	1 Reco	rds	Autopsy results	***************************************		
Address	Catonsv			PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.	
	- Valonsy	1116 20	W. WIUI	22. VIOLENCE: If death was due to external ca	uses, fill in the following;		
(Burial, cremati	on, or removal. Which	. Date the	reof. 74 4 (month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crem	atory More	land	men	Where did injury occur?(City or town)	(County)	(State)	
	Bal			Injured at home, farm, Industry, public place (w			
Location		1 4	()		Injured at work?		
18. Funeral director	ulles	Low	me / your	Meens of Injury	Journal at Work?		
Address /	2008	Onl	ean il	0			
		6	II In Had	23. MGNATURE Isadore Tue	28 Md. M.D.	or other	
19.	registrar)	-	D Daietrar	Address	Rate claned	10/31/46	
from a rea it 03	a way to be may		11/1-12/01	1. Land Car. Contract		······································	

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

age age		2411 N. Charle	es St., Baltimore 93.0		09732	
rect		CERTIFICAT	E OF DEATH		Reg. Dist. No. 3	8
bly.	1. PLACE OF DEATH: Ctimes		2. USUAL RESIDENCE (HC			
y. Ti	City or town	give nearest town)	State City or town	County (ville	more
refull ly an	How long in above place of death?	••••••	(If outside city or Street No.	nuin		est town)
or ea clear	How long in hospital or institution?		(If 2.(a) If veteran, name war	rural, give LOC		
information carefully. The of death clearly and legibli	3. (a) FULL NAME Roy &	Edwar	& Barto	2 3 C	. (b) Social Security N 579-82-	011.
of infuses of	male Colored Supple married, w	Idowed, or divorced	MEDI 20. DATE DE DEATH	CAL CERT	IFICATION 1946	2.30 A M
ry iten the car	6.(6) Name of husband or wife	•	21. I CERTIFY that death occurred on	the date above sta	ited: that lattended decea	sed from
ly every write the	7. Birth date of deceased (mo., day, yr.)	ve age years	end that I last saw h.A.c.alive of		<u> </u>	DURATION
Supp	8. AGE: Years Months Days If less to	han one dayhrsmln.	Congestine &	feart:	failure	3 weeks
K.	9. Birthplece Baltimore (Town, county, and state)	md.	Due to.	icule	-	•••••
ADING IN Physicians	10. Usual occupation Champeus 11. Industry or business	/	Due to	••••••••		\$0000000000000000000000000000000000000
Gr.	12. Name Edward Barry 13. Birthplace Harfyrd Co.	ters	Dither conditions			***********************
	14. Maiden name mafilda Cu	jers	(Include pregnanc			
. 5	2 15. Birthplace Baltimore (6.)	nd,	Autopsy results			000000000000000000000000000000000000000
PLAINLY, is especially	Address /2/6 - 125th St. W.C	1. Park. D.	PHYSICIAN: Please underline the 22. VIOLENCE: If death was due to			tatistically.
PI	het Bin	onth) (day) (year)	Accident, suicide, or homicide			
WRITE	Cemetery or crematory Location Location	John Jud.	Where did injury occur?(Cit; Injured at home, farm, industry, publ			
	16. Funeral director Aura Alaw W. L	Holla	Means of Injury		Injured at work?	
LEASE	Address / 6 9/ Al Seud	Nellin	23. SIGNATURE! Deur	et a	Place.	r other
PI	19. (Date rec'd by registrar)	Registrar	Address Kuchern	ella	Date signed	10/7/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

U9733 Reg. Dist. No. 44/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
County Ballo Sily or town Ease	State 2nd County Balty
(If outside city of town limits, write RORAL and give nearest town)	City or town
How long in above place of death?	95 1 Really - 1
952 Renfrew ave.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If reteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mary of Bedswor	th
4. Sex 5. Color or race (a.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W Single	2D, DATE DE DEATH Oct 3 19 46,21 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
D (a) If all us also and	to
7. Birth date of 9/1	and that I last saw haliye on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9 0hrsmin.	No and Delay
	Calla os lever
9. Birthplace Gown, county, and state)	Due to.
10. Usual occupation	Due to
11. Industry or business	
12. Name Ed . Cokett 13. Birthplace Md	Other conditions
Z 13. Birthplace	(include pregnancy within 3 months of death)
14. Maiden name Unknown	
15. Birthplace Md.	Major findings of operations
16, Informant	Aptopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R 1 10 1011	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Gemetery or crematory. Itas alms House	Where did injury occur?
Location Tepas My	Injured at home, farm, industry, public place (where?)
18. Funeral director John & Cornelly	Means of Injury Injured at work?
Address 1418 Eastern ave.	h store
10/0 11/0/10/00	23. SIGNATURE M. D. or other M. D. or other
19. (Data wo'd by registrar) (Data wo'd by registrar) Registrary	Address Ussex Bate signed 80cl Ho

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-3/3 * CERTIFICATE OF DEATH

09734

Reg. Diat. No. 33

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary Care County City or town (If outside city or two limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME Violet Bosley	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced Willow Willow Willow Color of the color of	MEDICAL CERTIFICATION 20. DATE OF DEATH
5.(c) Name of husband or alia	and that I last saw h. Cr. alive on 10 / 2/1/2 19
8. AGE: Yeara Months Days It less than one day 28	Immediate carre of death X DURATION 5 Jay
9. Birthplace (Town, county, and state) 10. Usual occupation.	Oue to arterios chroses
11. Industry or business 12. Name	Other conditions Catholican Mass 10 % (Include pregnancy within 3 months of death)
14. Maiden name Tes effeile Store 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Address Quing Mills. The Address Quing Mills. The 17. Breial Bate thereof. Ost 13/46	Antopsy results
(Burial, cremation, or removal, Which?) Cemetery or crematory. Olevandel Company (March) Olevandel	Accident, suicide, or homicide
18. Funeral director Eeden Officer Address Hambaltend Wel	Means of injury injured at work?
19. Oate rould by registrary	23. SIDNATURE THE TOTAL

OCT 15 1946 BUREAU V.R.

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: 5702 Bruight on 1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH OCT 3/27 19 46 at 2 3 M
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Bays If less than one day 6.6 3 /5	20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 46. 10. 24. 19. 46. and that I last saw h. 1414. allve on Out 2. 19. 46. Immediate cause of death Charles From the Management of his of the outer of
10. Usual occupation. 11. Industry or bysingss 12. Name 9 444 Sofzler 13. Birthplace Balto Md. 14. Malden name 20 Sandra Q. Warling 15. Birthplace Bulto Md. 16. Informant Eller C. Bladders	Olher conditions Described Olivery (Include pregnancy within's months of death) Major findings of operations Bate of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 6706 Srighton CVA 17. Burral Date thereof (Burlal, creamston, or removal, Which) Cemetery or managerory Location Balts MAC	22. VIOLENCE: It death was due to exteroal causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director. Address 19. (Date rec'd by registrar) 18. Funeral director. 19. (Date rec'd by registrar)	23. SIGNATURE B. B. B. D. or other Address 7201 Fork Rd Date signed 10 - 31 - 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09736

M. D. or other

/			CERTIFICA	ATE OF DEATH		Reg. Diat. No	3.1		
How long in above pla Hospital, institution, How long in hospital	Woodlawn foutside city or town ince of death?	death occurred	URAL and give nearest town)	2. USUAL RESIDENCE (HO (For newborn infants give resident) State	Sidence of moth County WYN Lown limits, wri Gwynnda] rural, give LOC.	Balto, Balto, te RURAL and give nee ATION)	rest town)		
3. (a) FULL NA	ME		ANNA ANDERSON	BOWEN	3. (b) Social Security Number no				
4. Sex Female				MEDIC 20. DATE OF DEATHOct.		TIFICATION	,at 9:15A		
	nd or wife) If alive, give ageye	21. I CERTIFY that death occurred on the area and that I last saw h	the date above sta	ted: that I attended dece to Oct 2	2 19 4 6		
8. AGE: Years Months Days If less than one day 75 9 9 hrs. min. 9. Birthplace				Due to Due Due to Due	y Se	y J.B.			
12. Name Notley D. Anderson 13. Birthplace Ky. 14. Maiden name Carrie V. Shipps Va.				Other conditions	within 3 month	ns of denth)			
Address 17	Mr. Morton 5002 Gwynn urial on, or removal Which? atory WM. J.	Dale there Loudon Balto.	of 10/25/46 (month) (day) (year) Park Cem.	PHYSICIAN: Please underline the c	external causes, a	Heath should be charged Hill in the following;	statistically.		
Address	Balto	., Md.		_ WILL	LAN	W			

VS A15

(Date rec'd by registrar)

important.

is especially

(Date roe'd hy registrar)

PLEASE WRITE PLAINLY

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (246)

CERTIFICATE OF DEATH

09737

harged statistically.

(State)

... Date signed

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County		20	Lu	4	ي
es	0 7	the	~	20	
limits,	write R	URAL	nd give n	earest	town)
give L	OCATIO	ON)	***************************************		
-0	-	1			

ounty Dalling	(For newborn infants give residence of mother)
(If outside city of town limits, write RURAL and give searest town)	Slale
ow long in above place of dealh?	City or lown
ospilal, institution, or street address where death occurred	Street No. 45'04 Reference
4504 Red Sound	(If rural, give LOCATION)
ow long in hospital or institution?	2.(a) If veteran, name war.
(Henry Dunc	an Boyd, Jr.) 3. (b) Social Se
Henry Duncan //	oydh ?
Sex 5. Color or tree 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATIO
wale white song	20. DATE OF DEATH 25 19
((b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attend
6.(c) It alive, give age years	19.46, 10.
Birth dale of deceased (mo., day, yr.)	and that I last saw h
. AGE: Years Month's Days If less than one day	Immediate cause of death
55 2 29hrsmin.	
Birthplace Baltin oct	Due to Association of the state
(Town, county, and state)	
0. Usual occupation Cara for Janes Comments	Due to
1. Industry or business 2 + C - M - R	
12. Name Bengal	Other conditions
13. Birthplace John food Sulg.	(Include pregnancy within 8 months of death)
14. Malden name A Soleth Ball	Major findings of operations.
15. Birthplace Balling Fra	Dale of on
6. Interment Mrs. Esther Muryl Fletcher	Autopsy results.
Address 4504 Rehbaum Ave. Halethorpe, Mc	PHYSICIAN: Please anderline the cause to which death sheald be c
, Burial 10-29-46	VIOLENCE: It death was the to external causes, fill in the tollowing
(Buriat, Cremation, Or removal. Which) (Bay) (year)	Accident, suicide, or homicide Dale o
Cemelery or crematory Baltimore Cemetery	Where did injury occur?
Localion Baltimore, Maryland	Injured at home, tarm, Industry, public place (where?)
8. Funeral director HENRY SANDER & SONS, INC.	Means of Injury Injured at wor
Address NORTH AVE. & BROADWAY	19/11/12
1 - 1 - 11 1 7 1	23. SIGNATURE
, 10/24 XL 4-6 Moderal	11 9 Wan St Sy

VS A15

VS A15

Age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0) CERTIFICATE OF DEATH

09738 P Reg. Dist. No. 3 P +

1. PLACE OF DEATH: COUNTY DAIT MORE COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)				
Ba-1/12 carille M2	State County tuffirmer				
(If outside city or town limits, write RURAL and give nearest town)	(to an ble-than the				
How long in above place of death? 1 4 e a R	(If outside city or fown limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Ald the transfer of the state o				
	(If rural, give LOCATION)				
How long in hospital or institution?	2.(o) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
MARY LECLAIR BRADY	for.				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
F W married	20. DATE DE DEATH. 60 15 19.46 21 9 45 A M				
6.(b) Name of husband or wife. JAMES H. BRADY	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
	Sept. 1 19 46 10 Oct 13 1946				
7. Birth date of	and that I last saw h.Os. alive on 6.4 14 19.4.6				
deceased (mo., day, yr.)	Immediate cause of death				
8. AGE: Years Months Days If tess than one day	artinis - s chimi int				
62 3 1hrsmin.	La put in sin 15 yr.				
9. Birthplace BAITIMORE M.D.	~ //				
9. Birthplace DAIT m Ore MD (Town, county, and state)	Due to				
to. Usual occupation house wife					
TU. USUAL OCCUPATION	Due to				
11. Industry or business					
# 12 Name JAMES DOSLEY	Other conditions Car he - Var cular real 10 mg				
13. Birtholace Battimore Courty	de sen .				
Leclinia Waters	(Include pregnancy within 3 months of death)				
14. Maiden name	Major findings of operations.				
15. Birthplace Baltimore Counly	Date of op.				
Darl III Mans	1-				
16. lotormani	PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address Munis Lans, Luckswille, Mo.					
17 Burial Bate thereof Oct 17/1946	22. VIOLENCE: If death was due to external causes, fill in the following:				
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory. Cematery	Where did injury occur?				
I am I. Parl	Injured at home, farm, industry, public place (where?)				
Location 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
18. Foreral director.	Means of Injury Injured at work?				
Address 1219 of Toul of	(Sal P/4/11				
10/16 46 Aw Hedril	23. SIGNATURE M. D. or other M. D. or other				
(Date pec'd by registrar)	Address Stes will 8 - his Date signed 10/12/40.				

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Evidence	for	cha r	nge c	of cemet
shown on	Film	Glo	9	MA
4/24/47 0	lm Wi	fels	s Sta	tement.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 109

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Reg.	Diat.	No. TI

CERTIFICATE OF DEATH

	02111111011	Reg. Dist. No.		
1. PLACE OF DEATH: COUNTY Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Ety or town Fort Howe (If outside city or town How long in above place of death? 8 I Hospital, institution, or street address where Vets Adm. Hosp. 1	ard fimits, write RURAL and give nearest town) Pays e death occurred: Ft. Howard, Maryland Pays	State Maryland County Maryland City or town Belair (If outside city or town limits, write RURAL and give nearest town) Rt. # 4 (If rural, give LOCATION) 2.(a) If veteran, name war. W = 2		
3.(a) FULL NAME TROY BR	OWN	3. (b) Social Securi	ity Number	
4. Sex Male S. Color or race White	5.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH		
	a Brown	and that I last saw h im alive on October 23.	23, 19 46	
8. AGE: Years Months 8	O If less than one day Omin	Immediate cause of death		
11. Industry or business 12. Name	d, Ky.	Due 10.		
	idge land, Ky.	Major findings of operations		
Address Vets. Adm. Ho	end Hould the chy end of the could be soul,	PHYSICIAN: Please underline the cause to which death should be char; 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	ged statistically.	

MARYLAND STATE DEPARTMENT OF HEALTH

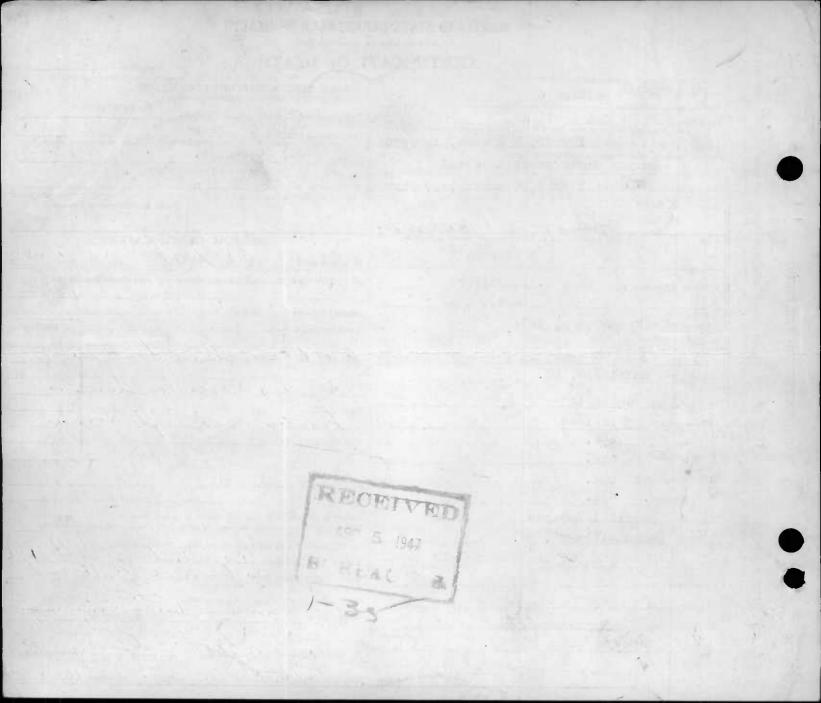
CERTIFICATE OF DEATH

1186 a 4

	N. Charles St., Baltimore TICATE OF DEATH Reg. Dist. No. 20
1. PLACE OF DEATH: Baltimore County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale Maryland County Harford City or town Havre de Grace (If outside city or town limits, write RURAL and give nearest town) 607 Otsego St. (If rural, give LOCATION)
4. Sex 5. Color or race 5.(g) Single, married, widowed, or divorce	3. (b) Social Security Number MEDICAL CERTIFICATION
m w widowed	20. DATE OF DEATH
6.(b) Name of husband or wife Mary C. Standiford 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
deceased (mo., day, yr.) March 3, 1871 8. AGE: Years Months Days If less than one day 75 7 15 hrs.	Immediate cause of death
9. Birihplace Baltimore, Md. (Town, county, and state) 10. Usual occupation mechanic	Oue lo Cardin Vascular disco
11. Industry or business retired	Oue to seek lift ferrer
13. Birthplace unk.	(Include pregnancy within 3 months of death)
E 15. Birthplace unk.	Major findings of operations. Date of op.
16. Interment Hospital Records Address Catonsville 28, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17	
Catonsville 28, Maryland 18. Funeral director Spring Grove State Hospital	Injured at home, farm, Industry, public place (where?) Means of injury
Address Catons ville 28, Md. 19. # 3 (Cate rec'd by registrar) 19. (Cate rec'd by registrar)	Registrar Address 010 Ree ch a Date signed 10 18 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N	Charles	8+	Baltimore /2/
411	IN.	Charles	Dt.,	Baltimore /2/

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH: imore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Fort	Uemand			State Maryland County # F				
(If or	tside city or town l	imits, write I	RURAL and give nearest town)					
How long In above place	of death?4	1/2 1	nours	City or town				
Hospital, institution, or	street address where	death occurre	d:	Street No. 127 Prince George St.				
How long in hospital or	Institution?4	1/2 1	nours	(If rural, give LOCATION) WW I 2.(a) If veteran, name war				
3. (a) FULL NAME				3. (b) Social Security	Number			
	JOHN W	. CATL	DN					
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male	White		Single	2B. DATE DF DEATHOctober 4	9:30 Pm			
n (b) None of bushand of	u wila			21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased trom			
The state of the s				October 4 19 46 10 Oct. 4	19.46			
7. Birth date of			(c) It alive, give ageyears	and that t last saw h. im. alive on October 4.	1946			
deceased (mo., day, yr		/1889		Immediate cause of death	DURATION			
8. AGE: Years	Months	Days	tt less than one day	Peritonitis	unknown			
57	2	5	hrs min.					
9. BirthplaceH	erring Bay	y Mary	rland state)	Due to Rupture of abscess about gall unknow				
1D. Usual occupation	Painter			Due to Empyema of gall bladder	unknown			
11. Industry or business								
		tlin		Other conditions Cholelithiasis	unknown			
12. Name			•					
				(Include pregnancy within 3 months of death)				
14. Maiden name 15. Birthplace	Alice Do	te	***************************************	major natings of operations.				
≥ 15. Birthplace	Maryland		K S S S S S S S S S S S S S S S S S S S	Date of op.				
16. Informant Cli	nical Rec	ords,V	ets. Adm. Hosp.	Autopsy resultssubstantiated as above	statistically.			
Address DOT	t Howard,	Maryla	ind	22. VIOLENCE: tt death was due to externat causes, fill in the following;				
17 /Our	al A	Date the	reof (month) (day) (year)	Accident, suicide, or homicide				
(Burial, cremation,	or removal, Which	Trans	(month) (day) (year)					
Cemetery or cremator	70.0.	~ 1		Where did injury occur? (City or town) (County)	(State)			
Location	agas	200/0	I her	tnjured at home, farm, industry, public place (where?)				
10 5 1	Milles	40	morran /	Means of Injury Injured all work?				
18. Funeral director	100	- 27	JK (Ia/?	Robert M. Calleson				
Address 4	O KLOEL	y At	igno curo	23. SIGNATURE R. M. CULLISON, M.D. CLINICAL	DIRECTOR.			
19. 16/7/	46 19		7 W. Gedrick	WAH ET HOWARD MD	10-5-46			
Trave ice a place	,,	and the						

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important.

PLEASE WRITE PLAINLY, is especially

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MARYLAND STATE DEPARTMENT OF HEALTH

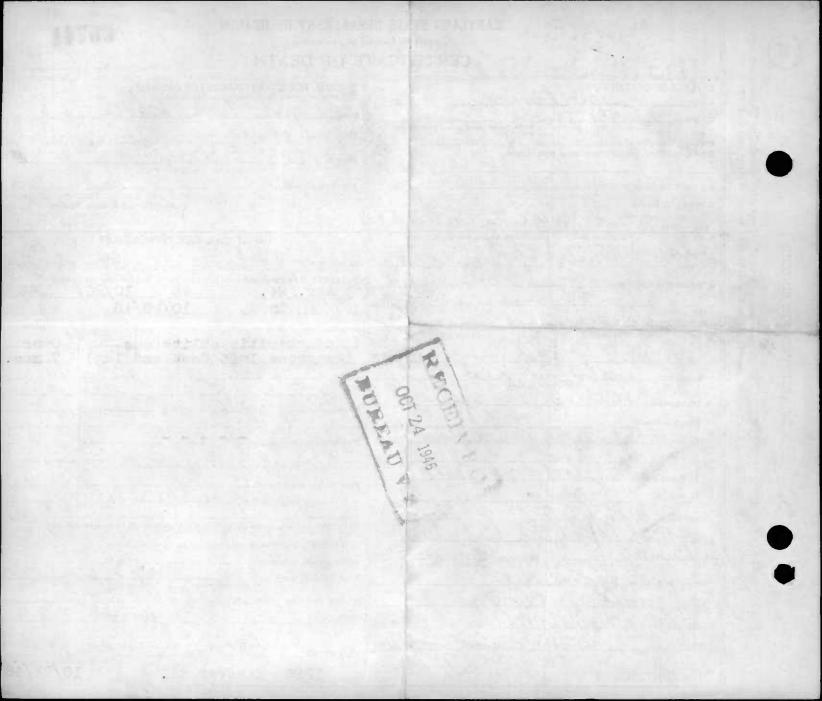
2411 N. Charles St., Baltimore (99

CERTIFICATE OF DEATH

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r. Diat.	N	٠.		1	4	2

Re

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
7.1	State Md county Baltumore				
(If outside city or town limita, write RURAL and give nearest town)	and to				
How long to above place of death?	(1f outside city or town limits, write RURAL and give nearest town)				
nuspitat, institution, or street audiess where death vocument.	Street No. 1.3.3 & Folias Curl. Gf rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war.				
3. (a) FULL NAME	3. (b) Social Security Number				
Marriott Chance					
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
male white married	20. DATE OF DEATH OCK 2.0 19.46 11 6 P. M				
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from				
6.(c) If alive, give ageyears	Apr. 24, 1946 10/20/ 1946 and that I last saw h im alive on 10/20/46 19				
7. Birth date of deceased (mo., day, yr.) Feb 2, 1860	Immediate cause of death DURATION				
8. AGE: Years Months Days If less than one day	Endarteritis oblitarens 6 or				
86 8 18hrs,min.	(gangrene left foot and leg) 7 mos.				
9. Birthplace Odenton Md. (Town, count, and atate)	Due to				
18. Usual occupation Retired Farmer					
11. Industry or business	Due to				
	Other conditions — — — —				
12. Name Thomas Chaney 13. Birthplace Md					
14. Maiden name Elizabeth Marriott	(Include pregnancy within 8 months of death)				
5 15. Birthplace	Major fludings of operations				
16. Informani Edith & O'Loughlen	Autopsy results.				
Address 1338 Poplan Que - arbutus	PHYSICIAN: Flease underline the cause to which death should be charged statistically.				
0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;				
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide				
Cemelery or crematory Deday Auch	Where did injury occur?				
Location a. a. Co. Ma	injured at home, farm, industry, public place (where?)				
18. Funeral difetels V Mus. John W. Seinfel & Son	Means of injury Injured at work?				
Address 5311 Edwardson Cive	23 SIGNATURE Harry Delel Tull				
19. Och 22 1946 Deflieffer	M, D. or other 10/21/46				
(Date rec'd by registrar)	Address 1220 Hallovel St. Date signed 10/21/40				



PLEASE WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51-

CERTIFICATE OF DEATH

Reg. Dist. No.

Oct 17, 1946

City or town Processing City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death accurred:	(For newborn infants give residence of mother) State
3. (a) FULL NAME William Francis Cockran	2.(a) If veteran, name war
4. Sex 5. Color or race 8.(a) Single (married) widowed, or divorced white	MEDICAL CERTIFICATION 20. DATE DF DEATH 0 17 19.46 at 2 P
6.(b) Name of husband or wife 6.(c) Name of husband or wife 6.(c) Il alive, give age 44 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days II less than one day 40 6 27 hrs. min. 9. Birthplace Taylor They sies, Lat. 10. Usual occupation Mays Hopking They sies, Lat. 11. Industry or business erso hal Niv Way Service 12. Name Lullain Tannera Occupation 13. Birthplace Tannera Siele 14. Maiden name Mana Siele 15. Birthplace Barto And	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Octor 19.46 and that I last saw h. 1 alive on Oct 17. 19.46 Immediais cause of death DURATION Franction interture Due to Dither conditions. (Include pregnancy within 3 months of death) Major findings of operations. Carterian 19.46 Include pregnancy within 3 months of death)
16. Informant Pletander Back Md 16. Informant Pletander Bochsan Address 17. Burial Cremeton, or remoyal. Which? Date thereol (month) (day) (year) Cemetery or cremetory Location Jassian Jurat Ind 18. Funeral director. Heavy Manual Standard S	Maior findings of operations. Maior findings of operations. Maior findings of operations. Maior findings of operations. Date of op. Oct 1945. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Illi in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Mans of Injury Injured at work? 23. SIGNATURE. M. D. or other Address. M. D. or other Address. Address. Date signed. Oct. 2.99

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09743

7	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown. (If outside city or town limits, write RURAL and give nearest town)	State Jary County Balt That &
Now long in above place of death?	(17 outside city or town limits, write RURAL and give nearest town)
604 Wookbeine ave	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(o) If veteran, name war.
3. (a) FULL NAME Madeline Elizaber	4 Cook 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 25 1946 at M
6.(b) Name of husband or wife Dr. Carlton M. Cook	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
7. Birth date of deceased (mo., day, yr.) Aug 185 1864	and that I last saw has alive on Class J. 1876-
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
82 2 7nin.	Caregue DIII on BUNA 1 31/2 47
9. Birthplace (Town/county, and state)	Due to.
10. Usual occupation	
11. Industry or business Seed	Due 10.
12. Name Aboless Cares U.S.	Other conditions
14. Maiden name Elizabeth Hahu 15. Birthplace Hanover - Germany	(Include pregnancy within 8 months of death) Major fludings of operations.
E 15. Birthplace ranover - Germany	Date of op. Julys ags .
16. Informant Carton L Cost	Autopsy results.
Address 437 E 20th St - Battimore	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buris/ Date thereof 10/28/46	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or remoyal, Which?) Date thereof 28/4/(month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory LANDAT FOX	Where did injury occur?
Location Baltimare Maxiland	Injured at home, farm, industry, public place (where?)
18. Funeral director All 24 Cook The	Means of injury injured at work?
Address 2/1 St Paul St, Betty, Md.	23. SIGNATURE SHULLELY W. A.
19. Act 28 19. 46 C W Seduck (Date rec'd by registrar) Registrar	Address Down Un Bate signed Cul 26: 41

2411 N. Charles St., Baltimore

09744

CERTIFICATE OF DEATH

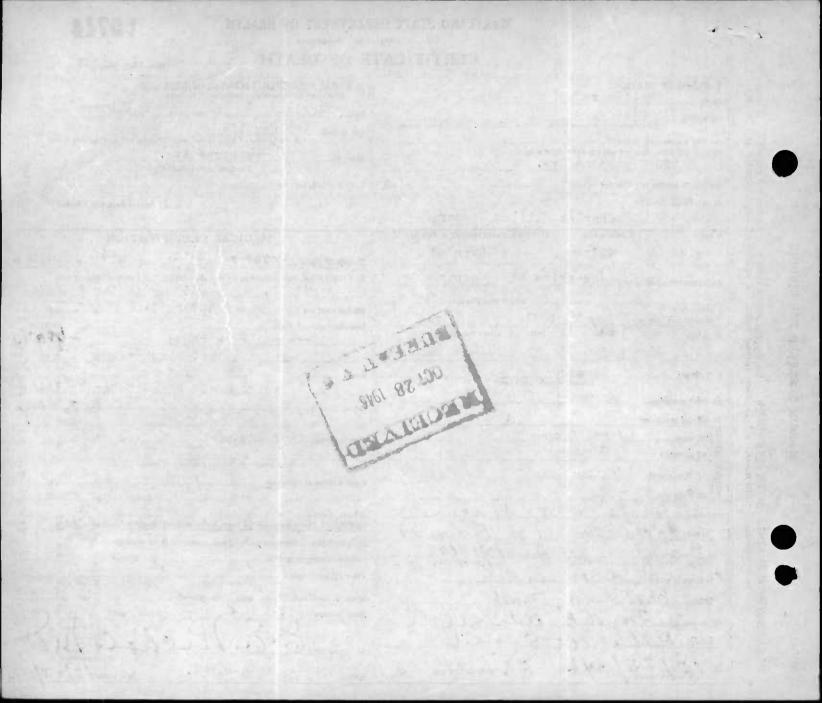
Reg. Diat. No. 32

1. PLACE OF DEATH: Baltimore City or town. Pikesville (If ontside city or town limits, write RURAL and give nearest town)			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)					
			State Marvland county Baltimore					
				ikegwille	County	*************************		
Now long in above place of death?		City or town	outside city or town	n limits, write RUR	AL and give ne	arest town)		
Hoenital Institution, or s	treet address where	death occurred		Street No.	20 Hawtho	rne Ave.		•••••••
#20 Hs	wthorne	AVO.	••••••••••••••••••		(If rura	l, give LOCATION		
How long in hospital or i	nstituiion?			2.(a) If veteran, name	e war			
3. (a) FULL NAME	Charle	s Will:	iam Cooper			3. (b) S	ocial Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	11	MEDICA	L CERTIFIC	ATION	
Male	White		Married	20. DATE OF DEATH		24th,		at 10:30 M
6.(b) Name of husband or	wife Josep	hine W	ise Cooper	21. I CERTIFY that de	ath occurred on the d	late above stated; the	at I attended dece	eased from
		6/	c) tt alive, give age75years	April	11 a	19.46 , to	Uctober	24.9. 19.40
7. Birth date of	M 9	1061	V/ II allite, gite age	and that I last saw h.	I.M. allve on Ω	ctober 24	2	19.46
deceased (mo., day, yr.	May 2,	1001 Days	If less than one day	Immediate cause of				DURATION
o. Adl.				Gere				- 4363,42
85	5	22	hrs,mln.		<u>CF</u>	irst stro	ce-June	1944)
9. Birthplace	Germai	ny	-4-4-1	Due to			***********************	
	(Town,	county, and	state)	,	Second	stroke -	October.	23,1946)
10. Usual occupation Bushman (Tailor)		Due to				2 dings		
11. Industry or business							***************************************	
第 12. Name	James C	ooper		Other conditions	Old age.	**********		
13. Birthplace	German	ny				thin 3 months of dec		
Maldan none	Unknown							
14. Malden name				Major findings of np				
≥1 15. Birthplace	117	0.00	0 1.	***************************************				
16. Informant	formand.	W.	Cooper	Antopsy results PHYSICIAN: Please	underline the con-	e to which death sh	antd he charged	statistically.
Address 20 H	author	meA	v Palasirele					
17 Burra	1	Date the	ront 10/28141	22. VIOLENCE: It d				
17 Burna (Burial, cremation,	or removal. Which?) /	(month) (day) (year)	Accident, suictde, or				
Cemetery or crematory	SX Ster	mas.	Lass	Where did injury occu	(City or	town) (6	County)	(State)
Location Back	Tunon	n	rel	Injured at home, tarm	, Industry, public p	lace (where?)	0.00.000.000.000.000.000.000.000	
		12	811200	Means of Injury	0 6	tnju	red at work?	00
18. Funerat director	FRUIT F		- A		= 5	11	1 0	1
Address Puly	escrel	c 8	ned	23. SIGNATURE	0.6.	ruce	ices	or other
19. 10 12	S / 19 4 6	5	Colobbe Constrar	Address Pike	esville-8	, Md.	M. D.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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Reg. Dist. No. 5 CERTIFICATE OF DEATH

1. PLACE OF DEATH County 3 Class	2. USUAL RESIDENCE (HOME) OF DECEASED: (For new proper hearts give residence of mother)
	State County & allo.
(If outside city or town limits, write RURAL and give nearest towe)	9/ /4/
Now long in abovo placo of doath?	(if outside city or town lights, write RURAL and give nearest town)
-	Street No.
Now long in hospital or institution?	2.(a) If voteran, name war. 20 orly war. I
3. (a) FULL NAME	3. (b) Social Security Number
Pendleton Pentton R. Davis	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Cot. Merried	20. DATE DF DEATH. October 27 19 46 313:12P
6.(b) Name of husband or wife. Margaret 2/2 Davis	21. I CERTIFY that doubt occurred on the date above stated: that I attended deceased from
	10-27- 19 46,10 10-27- 1946
7. Birth dato of deceased (mo., day, yr.) Yelf. 26, 1919	and that I last saw h im allvo on not seen alive 18
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
34 Jmin.	Gun snoot wound in left lung and heart Instan
	and neart Instan
9. Birthplace I Ship To (Town, county, and state)	Due to
10. Usual occupation Basines	
11. Industry or business	Buo to
	AL
12. Name Malay Sallas	Other conditions
	(Include pregnancy within 8 months of death)
14. Maidon name signora endleton. 15. Birthplace Bristof Va.	Major findings of operations
	Date of op
16. Informant I Jakgaset Latas	Antopsy results.
Address Maletorpe ///g.,	PHYSICIAN: Please coderline the cause to which death should be charged statistically.
12 Usial Balo thereof OCT. 35/846	22. VIOLENCE: If doath was due to external causea, fill in the following: Accident, suicido, or homicide
(Burial, cremation, or remove). Winch?) (deed (year)	
Cemotery or crops by	Where did injury occur? Haletharpe, Raitimore (State)
Location	Injured at home, farm, Industry, public place (where?) Arbutus Memorial
18. Funeral director MSS Adie A. Williams	Moans of Injury Gun Shot WoundInjured at work? PK.
Address, 322 9/ Salisocales St.	a se a se med
The parties are of	23. SIGNATURE D. D. Eagles , M. D. or other
19. (Date 19e'd by registrar) Registrar	Poistonstown Md 10 90 A
Taristiges and the state of the	Address Date signed Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg. Dist	. No	4	-7	

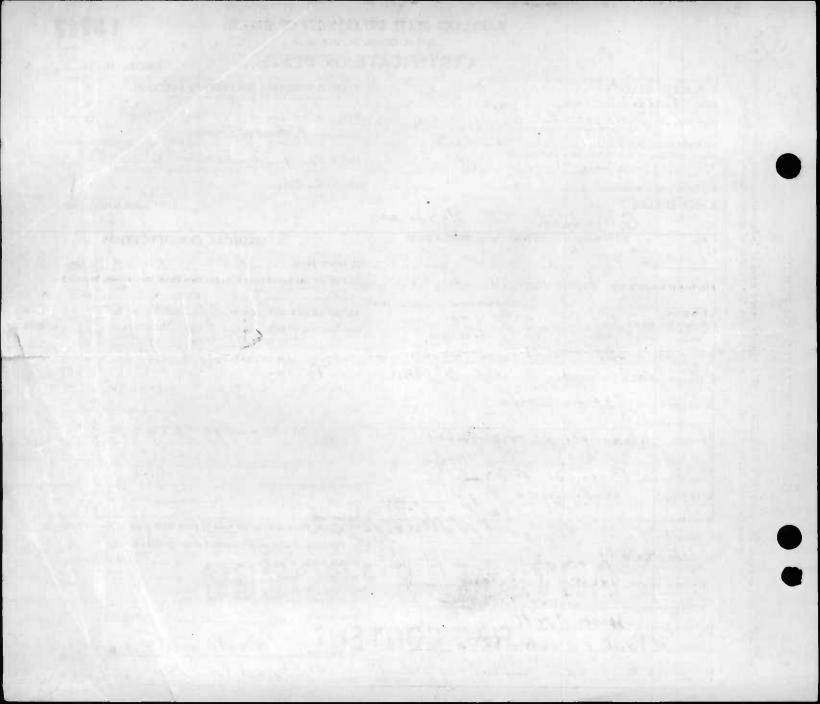
ity or lown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Md. a
	City or town Rosedale (If outside city or town limits, write RURAL and give nearest town)
tow long in above place of death?	Street No.7.920. Old Philadelphia Rd.
fow long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME many de Luca	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
I N mance it	20. DATE OF DEATH. Oct. 18 19.46 21 4A
Abrang De Liu Ca B.(b) Name of husband or wife	21. f CERTIFY that death occurred on the date above stated; that I attended deceased from Abnil 26. 19. 4 6, to Ock. 15. 19. 4 6
7. Birth date of	and that I last saw h attre on Oct. 17, 18 46
deceased (mo., day, yr.) March 25 1895	finmediate cause of death
o. Auc.	Generalized
J-	- Variation - Variation
9. Birthplace Italy (Town, county, and state)	Oue to carcinanatoris
10, Usual occupation	peutonei
10. Usual occupation	Due to Carcinoria
11. Industry or business	Other conditions
E 12. Name Domenico Di Luigi	Other conditions
13. Birthplace Italy	(Include pregnancy within 3 months of death)
至 14. Maiden name. Anna?	Major findings of operations
15. Birthplace	Date of op.
16. Informant Abramo De Luca	A-t
TOOO OT A THAT - A T - his DA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following:
Burial Burial Date thereol Oct. 21 1946 (Burlal, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Locallon Belair Rd. Balt. MD	Injured at home, farm, industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director Graull Della Wolf	
Address 52 N. M rley St.	S. SIGNATURE A. L. Kolodky
10-19 46 Qualeter	a O I Ball 6 mid of 10
19. (Date rec'd by registrar) Registrar	Address Rudge Rd. Water signed Och La.

CERTIFICATE OF DEATH

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	Keg. Dist. Ho.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Baltimore	State Md County Washington
City or town. Cockeys or town limits, write RURAL and give nearest town)	hi to
ow long in above place of death? 1 yelan -1 month	City or town
ospital, institution, or street address where death occurred:	Street No. 737 Virginia are
Masonio Home, Cockypulle Mid	(If rural, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elizabeth M. Ecleman	
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	28 October 19 46 et 5: 15 P M
(b) Name of husband or wife Milford W Eckman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(C) Redic of illustrate of Alles	21 Oct 1946 10 28 Oct 1946
Birth date of deceased (mo., day, yr.) October 7th 1870	and that flast saw h.c.t. alive on 28 Octo bet 1946
deceased (mo., day, yr.) Colleged 1 70 / C	Immediate cause of death
AUL.	Heart tailure &
76 - 21nin	
Birthpiace Near Freelands-Baltime Co Md	Due to Attenio sclero sis At least
(Town, county, and state)	and Hypertension Itimons.
. Usual occupation Honsewife	Due to
. Industry or business	Old healed fracture let hip
12. Name John H. Merryman 13. Birthplace Cocksusville md	Other conditions 11 Right conkie
13. Birthplace Cockseysville md	(Include pregnancy within 3 months of death)
14. Maiden name Rebecco Morsh	
14. Maiden name Pelecca Marsh 15. Birthplace Baltinge Co.	Major findings of operations.
1 15. Birthplace / Value /	
Informant auxa M. Seluses	Autopsy results
Address Hasonie Arma Allegrille My	
(Burial, cremation, or removal. Which?) Date thereof Off (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accepting antone, or nominated
Cemetery or crematory ashing Cemetery	Where did injury occur?
Location Reisterstown ma	Injured at home, farm, Industry, public place (where?)
B. Funeral director. Wm Cook	Meens of Injury Injured at work?
Address It Paul + Preston St.	halfu T. Kees m. D.
CO / WILL WILL WILL .	23. SIGNATURE M. D. or other
19. Vet. 29 13 46 h. M. Selwaler	Address Cockeysville Md. Date signed 28 Oct. 194
(Date rec'd by registrar) Registra	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information caxefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

(19748 P g. Dist. No. 381

CERTITICA	Reg. Diat. No.
County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant) give residence of mother) State
How long in hospital or institution?	2.(a) I1 veteran, name war
3. (a) FULL NAME James Howard +	3. (b) Social Security Number
4. Sex S. Cold of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Mooths Days It less than one day	and that I tast saw h all to o 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birthplace	Due to Ayjourtension 1943
11. Industry or business 12. Hame	Other conditions arela lummbage, site et determed 1943
14. Maiden name Asselfantes 15. Birthplace William	(Include pregnancy within 8 months of death) Major findings of operations. Date of op.
16. Informant Sta Fillala Address 134 Meangeake Mere	Actopsy results
(Burtal, cremation, or removal, Which?) Cemetery or crematory Cemetery or crematory Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Location January 18. Funeral director Daming Manual	taland at home form industry public place (where 2)
19. 10/2/46 19 A. W. Selts. (Date red by registrar)	23. SIGNATURE TOURS 4 M. D. or other M. D. or other Address Towson 4 Md Bate signed (0) 6/46.

2411 N. Charles St., Baltimore

C9749 g. Dist. No. 444

					(10
CERT	FIC	ATE	OF	DE	HTA

CERTIFICAT	TE OF DEATH Reg. Dist. No	4
1. PLACE OF DEATH: County Baltamore City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 8 days Hospital, institution, or street address where death occurred: Veterans Adm. Hospital, Ft. Howard, Nd. How long in hospitat or institution 8 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Baltimore City or town (If outside city or town limits, write RURAL and give near Street No. 803 North Calvert Street (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security	/
Harry H Finley	o. (o) botton becauty,	
4. Sex Male S. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 2D. DATE OF DEATH 20, October, 19.46	,a112:45ANm
6.(b) Name of husband or wife. Mrs. Florence. Finley. (21.1 CERTIFY that death occurred on the date above stated: that I ettended deces 12, October 1946, to 20, October and that I last saw h im alive on 20, October	ased from er 19 46
deceased (mo., day, yr.) May 17, 1891	Immediate cause of death Cerebral Hemorrhage with right hemiplegia.	ouration 17 days
9. Birthplace California (Town, county, and state) 10. Usual occupation Unemployed	Oue to Hypertension, arterial	5 mo,plus
11. industry or business 12. Name	Other conditions Hypertensive heart disease Residuals of left hemiplegia (Include pregnancy within 3 months of death) Major findings of aperations. Date of op.	5 mo,plus
16. Informant Clinical records, Vets. Adm Hosp. Address Fort Howard, Md.	Autopsy results	
17. Rurial (Burial, cremation, or removal. Which?) Cemetery or crematory Baltimore Catholic (Iddy) (year) Location Baltimore Coring to Address 21 W. 25th St.	Where did injury occur?	(State)
19. 18/2/ 4/ 19 O. W. Idealusk Registrar	23. SIGNATURE (Robert M. Cullison, M.D. Clin Dis Robert M. Cullison, M.D. Clin Dis Address V.A. Fort Howard, Md. Date Signed	or other

Address V.A.Fort Howard.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information arefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

age ...

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()9750 Reg. Dist. No. 30

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Catonsville City or town	State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Streel No. 832 W. 37th St. (If rural, give LOCATION) 2.(a) If veleran, name war.		
3.(a) FULL NAME William Fleischman	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION		
m w m	20. DATE OF DEATH October 30 19.46 .2112:55p.m		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 16		
8. AGE: Years Months Days If less than one day	Terminal broncho-pneumonia 24 hours		
81 17hrs			
9. BirthplaceNew York (Town, county, and state)	Oue to Hypertensive cardiovascular Indef.		
1D. Usual occupation clothing cutter	Due to		
11. Industry or business, clothing. 12. Name	Olher conditions		
14. Malden name Julia Heusettenson Julia	(Include pregnancy within 3 months of death) Major findings of operations		
2 15. Birthplace Germany			
16. Intermant Hospital Records	Autopsy results. AS above. PHYSICIAN: Please underline the cause to which death should he charged statistically.		
Address Catonsville 28, Md. 17. Durial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due 10 external causes, fill in the following; Accident, suicide, or homicide		
Commetery or crematory and and Maryland Location Sattemore, Maryland	Where did injury occur?		
18. Funeral director Durgel Funeral Home	Means of Injury Injured at work?		
Address / 3631 Palls Wood	Isadore Tuerk, M.D. Cotonsville 20 Md M.D. or other		
18. 11/2 19. X6 A.W. Hed	Catonsville 28, Md. M.D. or other		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH



	PARTMENT OF HEALTH os St., Baltimore (3-0)
CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother) State
3. (a) FULL NAME / Ofert Jorsey th	3. (b) Social Security Number
Sax 5. Color or rice 6.(a) Single, married, widowed, or dispreed Washington	MEDICAL CERTIFICATION 20, DATE OF DEATH October 82 19.46, at 9 A.
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Tawn, county) and state) 10. Usual occupation (Tawn, county) and state) 11. Industry or business (Tawn, county) and state) 12. Name (Tawn, county) and state) 13. Birthplace (Cauchy) (Tawn, county) and state)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 2 19.46, to 0 2 19.46 and that I last saw h. Alive on 19.46 Immediate cause of death Cenebra / Hemonthese DURATION Due to Sentiety Due to Sentiety Differ conditions
14. Maiden name Octuber 15. Birthplace 16. Information of Particle Particl	(Include pregnancy within 3 months of death) Major fiadings of operations
18. Funeral director. Address 5005 Park Heights WE 19. 10/9/46 19. AW. Hedrick	23. SIGNATURE Thomas B. Haigles 14. D. 815 Eastern Drs 10/8/46

Geres Cernet

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No....

CERTIFICATE OF DEATH

County Balt	imore		(For newhorn infants give residence of mother)		
City or town			state Maryland county Baltimore		
(If outside city or town limits, write RURAL and give nearest town) How, long in above place of death?		City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)			
How fong in above place of death?					
nyopital, iliamanan, or street address where death seemed.		Street No. 646 Orpington Road (If rural, give LOCATION)			
How long in hospital or institution?		2.(a) If veleran, name war	*		
3. (a) FULL NAM				3. (b) Social Security Number	
K	atherine	B FOY		34.34.34	
· 4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
F. M.	W	Widowed	20 DATE DE DEATH Oct. 1.1946	19 at	
	Ohow		21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March, 23, 1943 19. to Oct, 1, 1946, and that I last saw her alive on Sept, 30, 1946 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
		les W. Fox	March, 23, 1943	oct,1,1946,	
7. Birth date of		6.(c) If alive, give ageyears	and that I last saw her alive on Sep	t,30,1946	
deceased (mo., day,			Immediate cause of death	DURATION	
8. AGE: Year 73	s Months	Days If less than one day	Immediate cause of death Carcinoma of the	Uterus. 4 yrs	
	•				
9. Birlhplace B	urkettsvi	lle Maryland	Due to		
		11fe		······································	
1D. Usual occupation.	1104301	<u></u>	Due to		
11. Industry or busines			***************************************		
12. Mame. Unknown		Diher conditions			
13. Birthplace	11		(Include pregnancy within 4m	enths of death	
14. Maiden name		Major findings of operations Tyn Tystrullony			
14. Malden name 15. Birthplace	11		major indiags of operations.	Date of An	
	. Harry I	Fox	Antonay results	***************************************	
	6 Orpingt		PHYSICIAN: Please underline the cause to whi	ich death should he charged statistically.	
			22. VIOLENCE: If death was due to external caus		
(Burial, cremation	n, or removal. Which?)	Date thereof Oct 4, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory		Where did injury occur?(City or town)	(County) (State)		
Location Burkettsville Md.		Injured at home, farm, Industry, public place (where?)			
18. Funeral director Geo. W. Little		Means of Injury Injured at work?			
	O Edmonds		1. []	Johnson	
		1. 11 1 .4	23. SIGNATURE	M. D. or other	
19. (Date reg d by F	3 19X L	HW. Hedrif	Address Chatamorble	MM Date signed 19-1-76	

Johnson Juduch Rd

CERTIFICATE OF DEATH 99-1

Registered	No.
Tregistered	4100

Z. USUAL KE	SIDENCE OF DECEASED:
	Md. (b) County Baltimore
(c) City	Baltimore (If outside city or town limits, write RURAL and give town
(d) Street No	1761 Joppa Road (If rural give location)
(e) Citizen of	foreign country?(Yes or No
	Secretary of the second

(b) Street address 1761 Joppa Road (6) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days)..... 3 (a) FULL NAME Mary Magdelena Frances 3 (b) If veteran, name war 3 (c) Social Security Account No. 0 TO KOLTIKNIEG 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. female white widowed John C. 6 (b) Name of husband or wife. 6 (c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Feb. 19 8. AGE: Years Months Days If less than one day 74br. min. 9. Birthplace Baltimore Co, Md. ('Town, county, and state) 10. Usual Occupation at home 11. Industry or business 12. Name Peter Eppig 13. Birthplace Germeny 14. Maiden Na 15. Birthplace 14. Maiden Name Elizabeth Henkle Baltimore 16 (a) Informant Miss Margaret H. Frances 1761 Joppa Road (b) Address 17 (a) Burial (b) Date thereof 11/4/46 (Burial, cremation, or removal) (month) (day) (year) Parkwood (c) Cemetery or crematory.... Baltimore 18 (a) Funeral director. Leonard

MEDICAL CERTIFICATION 20. DATE OF DEATH Oct. 31, 19 46 at 5 21. I certify that death occurred on the date above stated; that I attend, and that I last saw her alive on Clet 31 19 46. Immediate cause of death. Duration (Include pregnancy within 3 months of death) Date of operation Major findings of operation: cause to which death should be charged statisof autopsy:....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide. (b) Date of occurrence......at

(c) Where did injury occur?....

(City or town) (d) Did injury occur about home, on farm, industrial place, in public

place?.... (Specify type of place)

(e) Means of injury.

(Date rec'd by registrar

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1475)



CERTIFICATE OF DEATH

Reg.	Di	at.	No			X	
	(9	7	5	3	- 0	, ,

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infacts give residence of mother)
County County	Mean from GZ THILL
City or lown	State County County
How long in above place of death? 4 Alass	City or town
Hospital, institution, or street address where leath occurred:	Street No. Western Run
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) 11 veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John Merryman fra	219-12-5223
4. Sex S. Colografiace 8.(a) Single, married, wislowed, or divorcent	MEDICAL CERTIFICATION
Nale Rule Engle	20. DATE DF DEATH October 21 19 46 01 977. M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(b) Name of husband or wife	19
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Upul 10, 1925	Immediate cause of death Dung shot turnings DURATION
8. AGE: Years Months Days If less than one day	head-45 pintol. 10/21/46
hrsmin.	V
9. Birthplace (Fown, conut, and state)	Due 10 Suice de 10/21/46.
10. USUAL OCCUPATION	Due 10. Influence of the Myster Color of the M
11. Industry or business busin	X
12. Name	Diher conditions
14. Malden name Emily Soplia Nanimond	(Include pregnancy within 3 months of death)
[8] // / / J. 1// / J. 1// /	Major findings of operations.
	Date of op
16. Informant. The sales of the	Autopsy results
Address Cockeywill, Ma.	22. VIOLENCE: If death was due 10 external causes, fill in the following;
(Buriel, cremation, or removal, Which?) Date thereof. Oct. 23/94/6 (month) (day) (year)	Accident, suicide, or homicide Discipling Bate of 0/21/46
Cemetery or crematory. Sherwood 10/23/46	Where did Johny occur? Cockeys le Salleys Med
	(City or town) (County) (State)
Location Cockeysville, Matyland	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral director A. Mlass and Soul	Model's of Highest at works
Address 805. M Caluert Street	Arthur 6 No dean MA. VME.
10/12 FG Quella	23 SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Tewton 4 WA Date signed 10/22/16

3 6-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-70)

CERTIFICAT	E OF DEATH Reg. Dist. No.	4
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Willow Willow	3. (b) Social Security N MEDICAL CERTIFICATION 20. DATE DE DEATH.	46
6.(b) Name of husband or wife William July Gill 7. Birth date of deceased (mo., day, yr.) Oce 1-185-8	20. DATE DF DEATH. 21. I CERTIFY fhat death occurred on fhe date above stated; that I attended decease of the date of the dat	
8. AGE: Years Months Days If less than one day 87 10 79	Our to Certain - Schratin Christia - Jasoylas Kensl	bruk 6 yemo
11. Industry or business 12. Name	Diher conditions	
16. Informant Rabert Howard Address Howblesburg Weet 17 Burial Bate thereof Wood 1/46	Autopsy results	atistically.
(Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director.	Where did injury occur?	(State)
19. Oct 31 19.46 Chril & Farth M. (Date rec'd by registrar)	23. SIGNATURE Maurice C. Cartifue Address Damps teal mo Date signed 100	other 7-30-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				StateMarylandCounty		
City or town(If o	utside city or town li	Wille	RURAL and give nearest town)			
How long in above place	of death? 2 yea	rs, 2	months, 20 days	City or town. Baltimore. (If outside city or town limits, write RURAL and give to the city or town limits)	nearest town)	
Hospital, institution, or	street address where	death occurre	d:	Sireet No. 3405 Pinkney St.		
	Grove Sta			(If rural, give LOCATION)	_	
		rs, 2	months, 20 days	2.(a) If veteran, name war		
3. (a) FULL NAM	E			3. (b) Social Securit	ty Number	
	William	Aza (Gladman	-		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
m	W			20. DATE OF DEATH October 31 19 46	, at 2:50 a. M	
6.(b) Name of husband	or wifeKathe	rine l	/cKewin	21. I CERTIFY that death occurred on the date above stated; that I attended do	eceased from	
			c) If alive, give age years	August 11 19 44 10 Octobe	r 31 19 40	
7. Birth date of	Tan 1 0			and that I last saw h imalive on October 31		
deceased (mo., day,)		Days	if less than one day	Immediate cause of death		
85		~	hrs. min.	Chronic Myocarditis	Indef.	
9. BirthplaceWashington, D.C			atate)	Due to Generalized arteriosclerosis.	Indef.	
10. Usuat occupation	mortician	1		Bus As		
11, Industry or busines	own busi	ness		Due to	*****	
E 12 Name I	heophilis	Gladma	<u> </u>	Other conditions arteriosclerotic gangrene		
	ashington,			of the right foot. (Include pregnancy within 3 months of death)		
TO				Major findings of operations Amputation right fe		
	Washingto			junctional upper and		
16. Informant Hospital Records				Actorsy results		
Address	Catonsvill	e 28,	Md.	PHISICIAN: Please coderince the cause to which death should be coars	ed statisticany.	
17. Burial, cremation, or removal, Which?) Cemetery or crematory. Location 3801 Tellouth Pel.				22. VIOLENCE: If death was due to external causes, fill in the following:		
				Where did injury occur?	(State)	
				Injured at home, farm, industry, public place (where?)		
2/ / / 2 - 7			The .	Mesos of injury injured at work?		
18. Funeral director I sarry H Witzbe. Address 4101 Edmandson Que				Deadon Just		
				Catonsville 28, Md.		
19. 11/2	1926		· W. Hedrick	M. 3	D, or other	

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PLEAS

VS A15

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

How long in above place of death?..... Haspital, institution, or street address where death occurred:

5. Color or race

Now long in hospital or institution?. 3. (a) FULL NAME

Years

(Burial, cremation, or removal. Which?)

(If eutside city er town limits, write RURAL and give nearest town) neurs

(Town, county, and state)

6.(a) Single, married, widowed, or divorced

It less than one dayhrs.

(month), (day)

County. City or town

7. Birth date of deceased (mo., day, yr.)

10. Usoal occopation..... 11. Industry or business

13. Birtholace

14. Maiden oa 15. Skrthplace

16. Informant Address

Location ...

18. Fugeral directo

(Date rec'd yy registrar)

8. AGE:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles

_				-	Ī
St.,	Baltim	Ore	(131	Y

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	4	0
D1 . 21	7	

EKIIFICAI	E OF DEATH	Reg. Dist. No	
re-	2. USUAL RESIDENCE (HOM (Fer newborn legants give residents)	IE) OF DECEASED:	at.
ve nearest town)	State Mrs .	County	
vive nearest town)	City or town (If outside city or bow	n limits, write RURAL and give n	earest town)
***************************************	Street No. 245 /20	Afre Joan D., give LOCATION)	
***************************************	2.(a) I1 veteran, name war	***************************************	************
mae &	tray.	3. (b) Social Security	Number Number
owed, or divorced	MEDICA	L CERTIFICATION	
ied	20. DATE OF DEATH. 10-	8- 1946	at . 1 255 P.M
say.	21. I CERTIFY that death occurred on the	date above stated; that I attended dec	seased from
age years	9-9-	19.46 to 10-	8 19 4 6
	and that I last saw h	// // // // //	19 4 6
in one day			
.hrs min.		***************************************	1 4 hrs
	Due to Hy per less	in encephi	lo pathy
	with ures	· in	
•••••••	Bue to	ic neghrels	a) Mear
is			
	Diher conditions	***************************************	*******************************
	(Include pregnancy wi	thin 3 months of death)	•••
	Major findings of operations	••••••••••••	
λ,	Autopsy results		d statistically.
7 11/1946	22. VIOLENCE: If death was due to exte		
ith), (day) (rear)	Accident, suicide, or homicide		
maj levels	Where did injury occur?(City or	town) (County)	(State)
not .	injured at home, farm, industry, public pl	ace (where?)	
cost	Means of injury	tnjured at work?	
e	8	. 1 n.	245
bedrest.	23. SIGNATURE 6 ag su	T M.D.	er other
Registrar	Address 7001 Moss	un 9 Lon Repair signed	18-8-46

MARGIN RESERVED FOR BINDING

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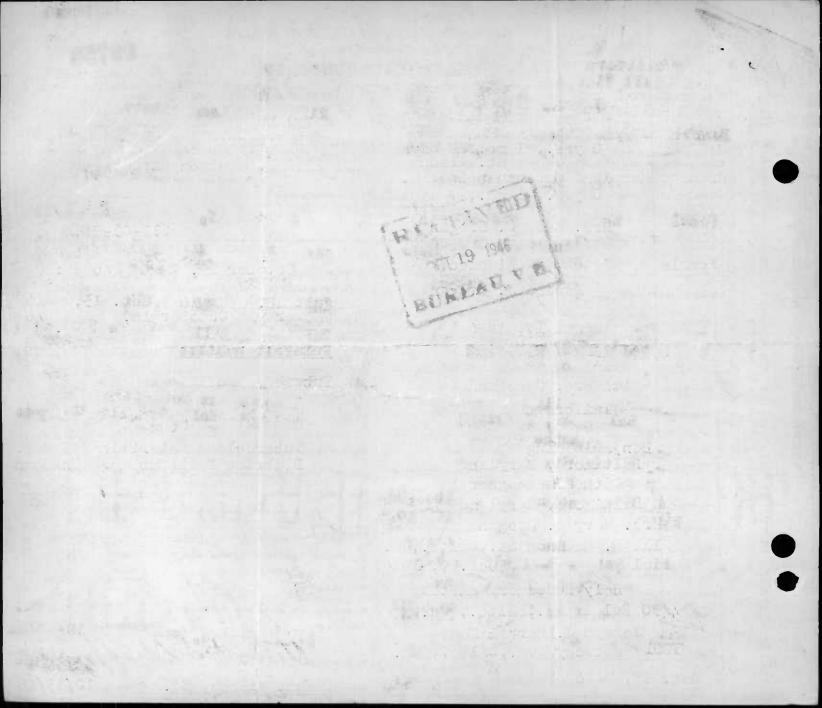
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15-12

CERTIFICATE OF DEATH

\$ (9758 teg. Dist. No. 32

County Baltimore City or town Mount Wilson City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? O Yr.S. n.p. 1 MO. n. 27 days Rospital, institution, or sirect address where death occurred. Mt. Wilson Branch, Maryland Tuberculosis San. Row long in hospital or institution? O Yr.S. n.p. 1 MO. n. 27 days 3. (a) FULL NAME Mrs. Mary C. Grogan 4. Set S. Color or race White Widowed S. (b) Name of husband or wite Edward J. Grogan S. (c) It allee, give age years General Widowed S. (c) It allee, give age years S. (d) Name of husband or wite Edward J. S. (d) Single, married, widowed, or divorced White Widowed S. (e) It allee, give age years S. (f) It allee, give age years S. (g) It veteran name war. S. (g) It vetera
Now long in above place of death? O YTS.s.g. I MO.s. 2.7 days Hospital, institution, or street address where death occurred: Mt. Wilson Branch, Maryland Tuberculosis San. How long in hospital or institution? O YTS., I MO.s. 27 days 3. (a) FULL NAME Mrs. Mary C. Grogan 4. Sex Female White Widowed 6. (a) Single, married, widowed, or divorced White Widowed 8. (b) Name of husband or wite Edward J. Grogan 6. (c) It alive, give age 7. Birth date of deate of death occurred on the date above stated: theil attended deceased from August 18, 19.46 to Oct. 15, 1946 3. (b) Name of husband or wite Edward J. Birth date of deaceased (mo. day, yr.) August 17, 1896 8. AGE: Years Baltimore (if outside city or town limits, write RURAL and give nearest town) Street No. 2112 E. Madison Street (if rural, give Location) 2. (a) It veleran, name war. 3. (b) Social Security Number 213 - 03 - 9484 MEDICAL CERTIFICATION 20. DATE DF DEATH, October 15, 19.46 and thail last saw her alive on October 15, 19.46 and thail last saw her alive on October 15, 19.46 The mediais cause of death. DURATION DURATION 10. Usual occupation. Tailor 11. Industry or business
Rospital, Institution, or street address where death occurred: Mt. Wilson Branch, Maryland Tuberculosis San.
Branch, Maryland Tuberculosis San. How long in hospital or Institution? Oyrs., Imo., 27 days 3. (a) FULL NAME Mrs. Mary C. Grogan 4. Sex Female White Widowed 6. (a) Single. married, widowed, or divorced Widowed Female White Widowed 20. Of it veteran, name war 3. (b) Social Security Number 213-03-9484 MEDICAL CERTIFICATION 20. DATE DF DEATH October 15, 19 46, at 6:20 P. M. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17, 1896 8. AGE: Years Months Days It less than one day 50 1 28 hrs. Min. B. Birthplace Baltimore Maryland Uf rural, give LOCATION) 2. (a) It veteran, name war 3. (b) Social Security Number 213-03-9484 MEDICAL CERTIFICATION 20. DATE DF DEATH October 15, 19 46, at 6:20 P. M. August 18, 19 46, to. Oct. 15, 1946 Immediate cause of death. Pulmonary Tuberculosis DURATION Due to Tubercle Bacilli
How long in hospital or Institution? O. yrs., 1 Mo., 27 days 3. (a) FULL NAME Mrs. Mary C. Grogan 4. Set Female White Widowed 6. (b) Name of husband or wite Edward J. Grogan 6. (c) It allve, give age Deceased (mo., day, yr.) August 17, 1896 8. AGE: Years Months Days It less than one day Crown, county, and state Baltimore Mary C. Grogan 2. (a) It veteran, name war. 3. (b) Social Security Number 213-03-9484 MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. DATE DF DEATH OC to ber 15, 19.46, 216:20 P. M. August 18, 19.46, to Oct. 15, 19.46 Immediate cause of death Pulmonary Tuberculosis DURATION Duration Duration Tubercle Bacilli Due to Tubercle Bacilli
3. (a) FULL NAME Mrs. Mary C. Grogan 4. Sex Female White Widowed 5. Color or race White Widowed 6. (b) Name of husband or wife Edward J. Grogan 8. (c) It allve, give age years deceased (mo., day, yr.) August 17, 1896 8. AGE: Years Months Days It less than one day 50 1 28 hrs. min. 9. Birthplace Baltimore Maryland Due to. Tubercle Bacilli Due to. Du
Mrs. Mary C. Grogan 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Female White Widowed 5. (b) Name of husband or wife Edward J. Grogan 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 18, 19.46 to Oct. 15, 1946 7. Birth date of deceased (mo., day, yr.) August 17, 1896 August 18, 19.46 to Oct. 15, 1946 8. AGE: Years Months Days It less than one day 50 1 28 hrs. min. Min. Dun August 18 9. Birthplace Baltimore Maryland Clown, county, and effect) Due to Tubercle Bacilli Due to Due
Female White Widowed 6.(b) Name of husband or wife Edward J. Grogan 6.(c) It allve, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 50 1 28 hrs. min. 9. Birthplace Baltimore Maryland 10. Usual occupation Tailor 11. Industry or business
6.(b) Name of husband or wife Edward J. Grogan 6.(c) It allve, give age years 7. Birth date of deceased (mo., day, yr.) August 17, 1896 8. AGE: Years Months Days It less than one day 50
S. (c) Name of husband of wife 6. (c) It allive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day DURATION 9. Birthplace Baltimore Maryland Grown, county, and state) 10. Usual occupation Tailor 11. Industry or business
8. AGE: Years Months Days It less than one day 50 1 28 hrs. min. 9. Birthplace Baltimore Maryland Due to Tubercle Bacilli 10. Usual occupation Tailor 11. Industry or business
8. AGE: Years Months Days It less than one day 50 1 28 hrs. min. 9. Birthplace Baltimore Maryland Due to Tubercle Bacilli 10. Usual occupation Tailor 11. Industry or business
8. AGE: Years Months Days It less than one day Pulmonary Tuberculosis 10 Mos. 9. Birthplace Baltimore Maryland Due to Tubercle Bacilli 10. Usual occupation Tailor Due to 11. Industry or business Days It less than one day Pulmonary Tuberculosis 10 Mos. 10 Mos. 11. Industry or business
50 1 28 hrs. min. 8. Birthplace Baltimore, Maryland Due to. Tubercle Bacilli (Town, county, and state) 10. Usual occupation Tailor 11. Industry or business
1D. Usual occupation
1D. Usual occupation
Benjamin Klug Tuberculous Enteritis 3 Mos
Title Conditions
3 13. Birthplace Baltimore, Maryland Biabetes Mellitus Unknown (Include pregnancy within 3 months of death)
H 14. Maiden name Catherine Wagner
14. Malden name Catherine Wagner 15. Birthplace Baltimore, Maryland 16. Informant Mrs. Mary C. Grogan Autopsy results
16. Informant Mrs. Mary C. Grogan Autopsy results
Address 2112 E. Madison St., Balto, Md. 22. VIOLENCE: It death was due to external causes, till in the following:
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial) (B
Cemetery or crematory Holy Redeemer Cemetery Where did Injury occur? (City or town) (County) (State)
Location 4430 Belair Rd. Balto. Md. Injured at home, tarm, industry, public place (where?)
18. Funeral director Joseph J. Herr & Sons
Address 3001 Kentucky Ave., Balto., Md. Steerant A Madles, M. 19
23. SIGNATURE AND DE DE DE DE LA DESCRIPTION DESCRIPTION DE LA DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTION DESCRIPTI
19. Oct 15, 19.46 (arl Wetstern Address Mount Wilson, Md Date signed 0/15/46



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

				-	1
Reg.	Dist.	No.	5	2	

	Acg. Dist. No		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County 13ALTO	(For newborn infants give residence of mother)		
(If outside city or town limits, write RURAL and give nearest town)	State County JAKTO.		
	City on Laws PIRESVILLE		
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)		
Hospital, institution, or street address where death occurred:	Street No. CAMPFIELD ROAD		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME			
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
FEM WHITE WIDOW			
	20. DATE OF DEATH OCH 11 19 46 at 11 P M		
6.(b) Name of husband or wife NOT KNOWN	21. I CERTIFY that/death occurred on the date above stated; that I attended deceased from		
	Neast 12 111 Ct 11 111		
7. Birth date of	Sept - 10 19.46g, 10 Oct - 11 19.46.		
deceased (mo., day, yr.) JULY. 11-1865	and that I last saw h.e.salive on		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
The state of the seasons of the seas	1) - arterio - & clerohe		
81 3 0min.	Hent Drive 10 m		
RALTIMORE MA			
9. Birthplace / JALTIMORE / MU (Town, county, and state)	Due to		
1D. Usual occupation	f		
IN. USUAL OCCUPATION	Due ta Jeneraliza delleno		
11. Industry or business	felennis - 5ms.		
E 12. Name ASA WESSELS	- / - / - / - / - / - / - / - / - / - /		
	Other conditions		
14. Malden name	(Include pregnancy within 3 months of death)		
5	Major findings of operations		
	Date of op.		
16. Informant AUBS BURE HOME			
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address CAMPFIELD ROAD			
17. 13URIAN Bate thereof Oct 13 195	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. (Burial, cremation, or removal, Which?) (Bate thereof (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory // MANUAL EM	Where did injury occur?		
- BUTO, D	Where did injury occur?		
Location AURAVILLE 191	injured at home, tarm, industry, public place (where?)		
18 Europal disorder Mrs Places a & Roberts	Means of Injury Injured at work?		
hong &			
Address & 3%/ Colmondane list	Soll Ol I.		
10/12 4/ De-1 4-1.1	23. SIGNATURE Sand A. Oh ander M. D. or other		
(Date rec'd by registrar)			
(Date rec'd by registrar)	Address 4108 fibert /th . Date signed 10/12/46		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

(9760 Reg. Dist. No.

1. PLACE OF DEATH: 73-04	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infants give residence of mother)	
Cily of town. (If outside city or town limits, write kUKAL and give nearest town)	State County County	0.000
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)	**
Acapital, Institution, or street address where death occurred:	Street No. 7102 Wardman Road	
7102 Wardman Road	(If rural, give LOCATION)	***
How long in hospital or institution?	2.(a) If velcran, name war	•••
3. (a) FULL NAME	3. (b) Social Security Number	
Louis Benjamin	arnes 215-10-425	14
4. Sex 5. Color or race 6.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION	/
Male White Married	Matil. 11 190 -	M
6.(b) Name of husband or wife Kinda B. Hains	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of	19	******
7. Birth date of deceased (mo., day, yr.) April 22 nd 1896	and that I last saw halive on	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION DURATION	11
50 5 20hrsmin.		<i></i>
Cuko nu	Mathema Muller	
9. Birthplace (Town, county, and state)	Due 10	111
10. Usual occupation Super visor	M. A.	.W.@2
11. Industry or business Wrotzra Electric Co.	Oue to	
12. Name Branja, min Diacute M. G. 13. Birthplace	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Lura alsworth 15. 8'riholace 10. 12.	(Include pregnancy within 3 months of death) Major findings of operations	
15. 8'rithplace U.Y.	Cate of op.	
16. Informant Linda B. Haines	Antopsy results	
Address 710 Wardman Rd Stone leigh	PHYSICIAN: I tense under ine the cause to which death should be charged statistically.	_
B. 0 10/15/11	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burisl, cremation, or removal. Which?) Oate thereof (month) (day) (year)	(year) Accident, suicide, or homicide	
Cemetery or crematory wid Ridge	Where did injury occur?	
Location wills md	Injured at home, farm, industry, public place (where?)	
18. Funeral director William Cook One	Means of Injury Injured at work?	
1010 CLP O T	(R 00. V 11 / MO DXI	T
Address 2. Jane 4.	23. SIGNATURE Dollin 6. Aukson Mg. 11 M.	~ `
19 10/14 146 All / Jehnel	1 M.D. or other	
(Date ref'd by registrar) Registrar	Address Date signed Date	••••••

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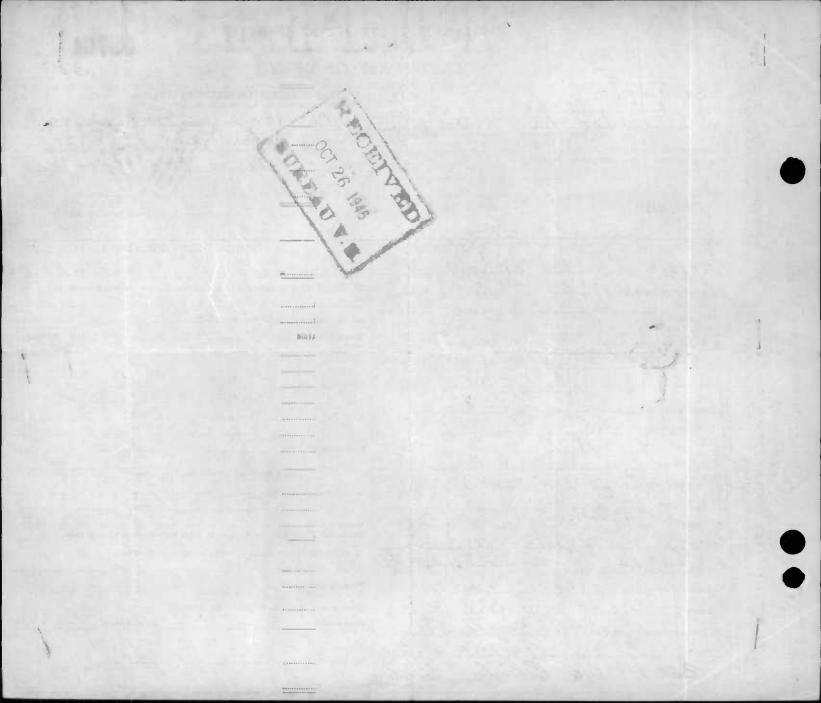
VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: / time ore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Mary land county Baltimore City or town Rural near Parkton
Hospital, institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No
How long in hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Alice May Ham	3. (b) Social Security Number
Female White Windowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH OCTOBER 9, 19.46, at 7.30 A.m.
6.(1) Name of husband or wife. Albert M. Hamilton	. 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of	and that I last saw h alive on the same of
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Coronary Inombor DURATION 2 days
	Due to
9. Birthplace (Town, county) and state) 10. Usual occupation (Town, County) and state)	
11. Industry or business Own home.	Due to
12. Name. H.B. Miller. 13. Birthplace Balto Co. W.d.	Other conditions
14. Maiden name Margaret E Cooper 15. Birthplace Balto. Co. Md.	(Include pregnancy within 3 months of death) Major findings of operations.
01.01	Date of op.
16. Informant Con. Address Parkton Md. R.D.	Autopsy results
17. B.Z. X. J. J. Date thereof Oct. 12, 1946. (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory FOSTEYS CEMETERY	Where did injury occur?
Location R. T. C.	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
Address Peur Freedom Par	miles B. t., In D.
18. Of 1/1946 Charles & Belling (Date ree'd by registrar) (Date ree'd by registrar)	23. SIGNATURE M. D. or other M. D. o



Maryland	State	Depretment	of	Healt
BALTIMOREXO	KAXXXXX	MISSINGER CHARTES	CEOSCI	K

8	Registered	No

CE	RIFICATE OF DEATH
PLACE OF PRATH:	2. USUAL RESIDENCE O
Baltimore City, Maryland Catorielle	(a) State Md
Street address	(c) City or town B

(c) Hospital or institution: Opitz Nursing Home

- (d) Length of stay in hospital or inst. (yrs., mos., or days).....
- (e) Length of stay in Baltimore (yrs., mos., or days) all life

F DECEASED:

(b) County...

- ltimore (If outside city or town limits, write RURAL and give town)
- 4110 Fernhill Ave (d) Street No..... (If rural give location)
- If yes, name country.....

3 (a) FULL NAME .. Robert E. Lee Hart

3 (b) If veteran, name war 3 (c) Social Security Account No. none 5. Color or race | 6 (a) Single, married, widowed, or divorced. married

- 6 (b) Name of husband or wife Floy Bragdon Hart 6 (c) If alive, give age
- 7. Birth date of deceased (mo., day, yr.) March 7, 1865 If less than one day

8. AGE: Years Months Days 81 7 15 hr. min.

Dorchester Go., Md. 9. Birthplace.....

- (Town, county, and state) 10. Usual Occupation ...
- 11. Industry or business

George Hart 12. Name..... 13. Birthplace Dorchester Co. . Md.

14. Maiden Name Unknown

15. Birthplace

- 16 (a) Informant Mr. P. A. B. Hoblitzell (b) Address 910 W. University Pkwy
-(b) Date thereof..... (month) (day) (year) (Burial, cremation, or removal)
 - (c) Cemetery or crematory Woodlawn Cem.
- Location Woodlawn, Md 18 (a) Funeral director. Fim. J. Tickner & Sons

Bestimore, Md (b) Address ...

(Date red d by registrar

MEDICAL CERTIFICATION 20. DATE OF DEATH 10 - 22 -21. I certify that death occurred on the date above stated; that lattended deceased from Alpt-10. 1956 to

and that I last saw bealive on ...

Major findings of operation:

(Include pregnancy within 3 months of death) Date of operation.....

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide.

(b) Date of occurrence M

(c) Where did injury occur?..... (City or town)

(d) Did injury occur about home, on farm, industrial place, in public (Specify type of place) While at work?

(e) Means of injury.....

VS 150

Underline the

death should be charged statisMARGIN RESERVED FOR BINDING

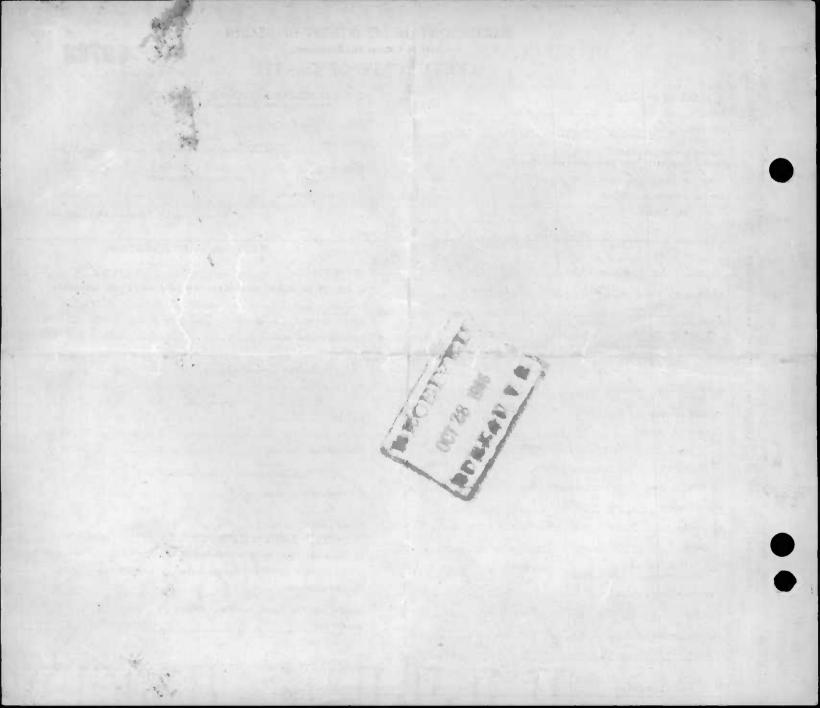
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place	
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Dally &	State Mu - County Balls .	
(If outside city or town limits, write RURAL and give nearest town)	m. 110. 1. : -	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Mospital, Institution, or steet address where death adverted:	Street No. 626 Framples R1	
7 5	(If rural, give LOCATION) 2.(a) If veteran, name war	
How long in hospital or institution?	3. (b) Social Security Number	
Helleam Carl Thei	m. Ar.	
4. Sex 5. Color or 129 B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
mall Mule marrier.	20. DATE OF DEATH. Oct 17 19.46at 6 P.	
6.(b) Name of husband or wil anna mans	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
	Oef 17 1946, to Oef 17 1966	
7. Birth date of	and that I last sample on the sample of the	
Beceased (mo., way, yr.)	Immediate Cause of death	
8. AGE: Years Months Days If less than one day		
44hrsmln.	Caroner occurrent mas	
9. Birthplace (Town, county, and state)	Due to	
10. Usual occupation Toruck Driver		
	Due to	
11. Industry or business		
12. Name Michael Herry Y 13. Birthplace Germany	Other conditions	
& So March	(Include pregnancy within 3 months of death)	
14. Malden name	Major findings of operations.	
	Date of op.	
16. Informant Thing march (fein, (wefer)	Autopsy results	
Address 52 6 Wampler Ad.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
0 10 11	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or removal, Whigh?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory. Oak Zawa	Where did injury occur?	
location Eastern due. Id.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director folion of Connelly.	Means of Injury Injured at work?	
lot a b	Charles 2x	
Address 418 Easlern auc. Esset 21, und.	23. SIGNATURE M.D. or other	
19. (Date ree'd by registrar) 19.46 J. Honnelly - Registrar	Address Deproy met . Et al. D. or other	



2411 N. Charles St., Baltimore 87-7

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 yr, 9 mo, 20 days. Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Maryland How long in hospital or institution? 1 yr, 9 mo, 20 days.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3.(a) FULL NAME JAMES MONROE HILL	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20, DATE OF DEATH. October 27 19 46 21 7:10AM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45, to October 27 19.46 and that I tast san h. im. alive on October 27 19.46. Immediate cause of death
8. AGE: Years Months Days It less than one day 49 1 23 hrsmin.	25 yrs.
9. BirthplaceLouisville (www.Kentuchyte) 10. Usual occupation	Bue to Bue to Bue to Bue to Clocked pregnancy within 3 months of death)
14. Malden name Trances Granes 15. Birthplace Vergnes	Major findings of operations
Registrar's Office, Clin. Records Address Vets. Adm. Hosp., Ft. Howard, Md.	Autopsy results
17. Burial (Burial cremation, or removal Which?) Cemetery or crematory. Arlington National Location Arlington County, Va. 18. Funeral director. S. H. Hines Co. Address 2901 14th St., NW Washington, D. C. 19. Address 2901 14th St., NW Washington, D. C. 19. Address 2901 Registrar	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The con is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS A15

PLEASE WRITE PLAINLY, WITH correct age is especially important.

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	supplied.
	UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
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	UNFADING INK. Every item of information should be careful Physicians: please write the causes of death clearly and legibly.
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County . BALTIMORE CATY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City-Maryland	(a) State Mary Skus(b) County Baltinevre	
(b) Street address arbufus avenue / amajorio	this of explicit former	
(c) Hospital or institution: Road:	(c) City or town (If outside city of town limits, write RURA	L and give town)
	(d) Street No. arbubus ave Munay	whio RX.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(If rural give location) (e) Citizen of foreign country?	(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	lf yes, name country	(1 C5 O1 140)
3 (a) FULL NAME Addie Margret Hoffman	E-BEARING 863KD A	BUTARY
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.	20. DATE OF DEATH Ocfober - 5 - 194	6, at 9 45 PM
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above state	ed; that I attend-
Junale while avoiced married	ed deceased from July 1946, to Och	-5-1946
6 (b) Name of husband or wife DOVT of M. Hoffman	and that I last saw h. W alive on 44 - 5-19	76:
6 (c) If alive, give age 44; years	Immediate cause of death.	Duration
7. Birth date of deceased (mo., day, yr.) Nousuber 1901	concer of mercio	
8. AGE: Years Months Days If less than one day		
74 11 : hr. min.	Due to	
9. Birthplace Baltisurel, Md.	Due to	
10. Usual Occupation housewiff	Due to	
11. Industry or business	Other Conditions.	
E 12. Name John East	***************************************	PILYSICIAN
	(Include pregnancy within 3 months of death) Date of operation	
13. Birthplace Baltimore, Ma	Major findings of operation:	Underline the
14. Maiden Name Tela Harring 15. Birthplace Baltimares U.S.	***************************************	death should be charged statis-
15. Birthplace Baltimore Med.	of autopsy:	tically.
16 (a) Informant Savid M. Roffinan	22. If death was due to external causes, fill in the fo	
(b) Address brougers aveline aunapoles	(a) Accident, suicide, or homicide	
(Burial, cremation, or removal) (month) (day) (year)	(b) Date of occurrence	М
(Burial, cremation, or removal) (month) (day) (year)	(c) Where did injury occur? (City or town) (Cour	nty) (State)
(c) Cemetery or crematory	(d) Did injury occur about home, on farm, industrial	place, in public
Location grederick to	place?	k?
18 (a) Funeral director Garante Forthon	De) Means of injury	
(b) Address 2359 Waste 2008	23. Signature Walker M. Jounell	plat
19 (a) (Datoree doy registrar) (Datoree doy registrar) Registrar	Address 27 08 Holliers Ferry R& Date sig	M. D.

MADVIAND	CTATE	DEDADTMENT	OF	UCALTU
MAKILAND	SIAIL	DEPARTMENT	Ur	HEALIH

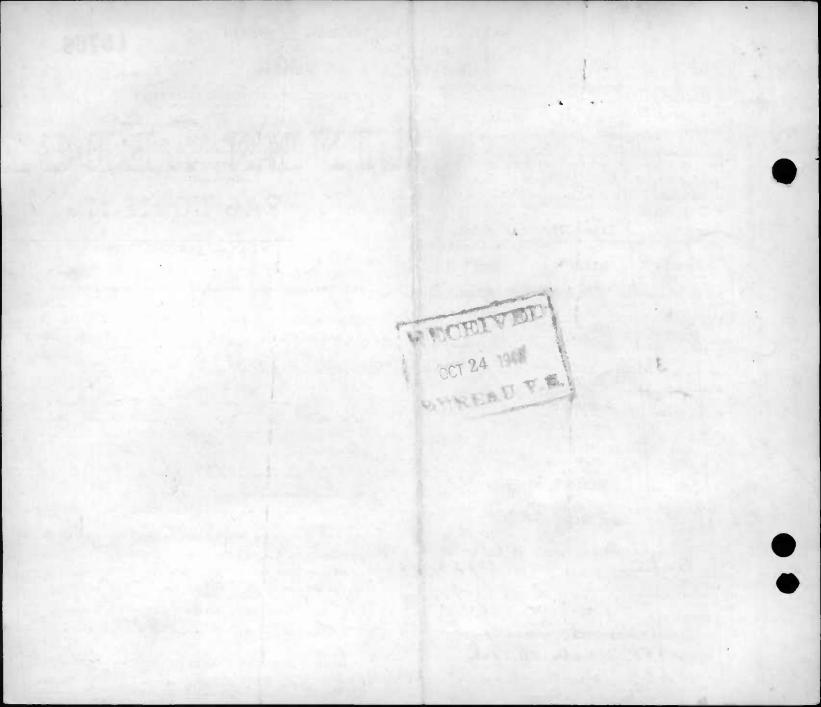
2411 N. Charles St., Baltimore 1843

CERTIFICATE OF DEATH

(\$\frac{1}{2}\) 09766

Reg. Diat. No. 4

	Reg. Diat. No
1. PLACE OF DEATH: Baltimere	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Halethorpe Md	Monveland
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Baltimore City (If outside city or town limits, write RURAL and give nearest town) Street No. II32 Homestead St
/ Jenna KK Males near	(If rural, give LOCATION)
How tong in hospital or institution? James an Chart	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Irene Virgina Hough 4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	
Female S. Color or race S. (a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION about 20. Date of Death 20. 19 6 at 10-XJP N
S.(b) Name of husband or wifeJohnHugoHough	21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom
	19, to
T. Birth date of Oct 6 1909 ?	and that I last saw h
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days It less than one day 17 O I4 ?hrsmin.	fra francisco de la constantina della constantin
	the manged
9. Birthplace	Due to.
Seamster	with the fifther the second
10. Usuat occupation	Due to
11. industry or business	of non on four of
12. Name Cass Fisher Unknown:	Dther conditions
	(Include pregrainey within 3 months of death)
14. Maiden name	Major findings of operations.
5 15. Birtholace Unknown	Date of op.
John Hugo Hough	Autopsy results.
16. Informant	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address II32 Homestead St Balto Md 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Address II32 Homestead St Balto Md Date thereof. O. 1.3 / (6) (Burial, crematory. (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide Where did injury occur? (City or town) (Caunty) (State)
B. Ox und	Injured at home, Jarm, Industry, public place (where?)
Location Location Localism	Means of injury secretaries over by Injured at work?
Address 2 3 5 9 Warls 13 local	If my of daif the
Calma III al N. 10.	23. SIGNATURE 1. M. D. or other
19. (Date ree'd by registrar) Registrar	Address 1010 Restan Date signed 10-24-42



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15

CERTIFICAT	TE OF DEATH Reg. Dist. No. 32
1. PLACE OF DEATH: county Baltimore City of town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Mrs. Agnes Hubbard	3. (b) Social Security Number # Unknown
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 8, 19.46
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24.9
8. AGE: Years Months Days If less than one day 29 3 1 hrsmin.	Pulmonary Tuberculosis 2 Yrs. 9 Mos.
s. Birthplace Knollwood, Maryland (Town, county, and state) 1D. Usual occupation Housewife 11, Industry or business	Due to. Tubercle Bacilli Due to.
12 Name James Grimes 13. Birthplace Maryland	Other conditions Tuberculous Laryngitis 1 Yr. 9 Mos. (Include pregnancy within 8 months of death)
14. Malden name Isabelle Scrivinor 15. Birthplace Maryland Mrs. Agnes Hubbard	Major findings of operations. No operation Date of op.
Address 17 Egges Lane, Catonsville, Md.	Actopsy results PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Oct. 10, 1946 (Burial, cremation, or removal, Whiteh?) Cemetery or crematory McKendree Cemetery	Accident, suicide, or homicide
tocation West Friendship, Howard Co., Md. 18. Funeral director C. Harry Weer	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?
Address Sykesville, Maryland 19. Oct. 8, 1946 Call 7 Webster Registrar	23. SIGNATURE Mewart S Shaffer m. B. Address Mount Wilson, Md. Date signed 10/8/46

OCT 11 1946

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WRITE

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MADVIAND	CTATE	DEDADTMENT	OF	RICALTI
MAKILAND	DIAIL	DEPARTMENT	Uľ	HEALU

2411 N. Charles St., Baltimore B-6

Tollar.
765

Capitol Heights (If outside city or town limits, write RURAL and give nearest town)

USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

Maryland

09768

Reg. Dist. No. 32

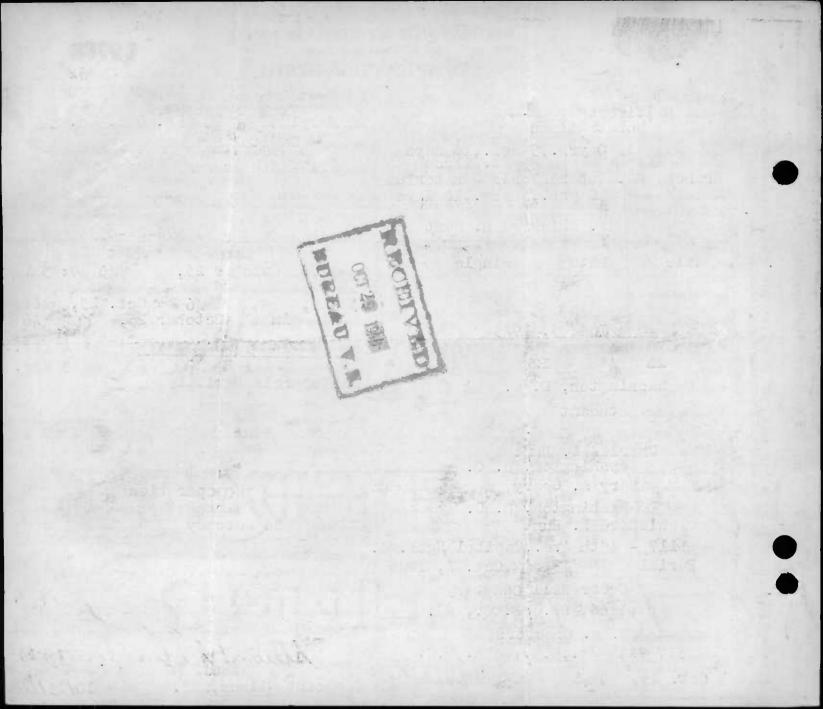
Couoty Pr. Geo. Co.

CERTIFICATE OF DEATH

1. PLACE OF DEA	TH:				2.
Count Baltimore City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)			Sta		
/				- 1	Cit
How long in above place Hospital, institution, or	street address where	death occurred	Mt.Wilson	1.y.S 1	
Branch,	Md. Tuber	rculos	sis Sanato	orium	Str
		rs.,5	mos.,16	lays	2.(
3. (a) FULL NAME		Richar	d L. Hun	t	
4. Ser	5. Color or race	6.(a)Single	, married, widowed, or div	orced	
Male	White		Single		20
					20.
6.(b) Name of husband	or wife			***************************************	
7. Birth date of) If alive, give age	years	ane
deceased (mo., day, ye		3, 19	If less than one day		Im
8. AGE: Years	Months	12			****
			hrs	min.	****
9. BirthplaceWa.	shington,	County, and a	tate)		Due
10 Haval occupation Student					
11, Industry or business				Due	
13. Birthplace Washington, D. C.					
14 Maiden name Mary A. Geary					
14. Maiden name Mary A. Geary 15. Birthplace Washington, D. C.					
16. Informant Richard L. Hunt					
PH					
Address 117 - 48th Ave., Capitol Hgts.Md					
(Burial, cremation,	or removal, Which?)	Date there	of Oct.28	(year)	Acc
Cemetery or crematory Cedar Hill Cemetery Wh					
Location Su:	itland, E	Pr.Geo	.Co., Md.	ę	In)u
1B. Funeral director	W - W - C	hambe	rs		Ms
Address 517 11th St., S.E., Wash., D.C.					
19 Oct. 25 19 46 East Webster Registrar Adu					
(Date rec'd by reg	19.46	Car	de file	Registrar	Add

street No. 117-48th Ave	nue	
	give LOCATION)	-1
2.(a) If veteran, name war	***************************************	
	3. (b) Social Securit	y Number
	578-22-05	34
MEDICAL	CERTIFICATION	
20. DATE OF DEATH. October	25, 1946	7:55 A
21. I CERTIFY that death occurred on the date		
May 9. and that I lost saw h. im. alive on O.	ctober 25.	25, 146
Pulmonary Tube:	rculosis	4 Yrs
Due to Tubercle Bac		3 Mos
Due to		****
Bue to.		
2.7		
(Include pregnancy withi		
Major findings of operations	operation	
	Oate of op	
Antopsy results	P.S.Y which death should be charge	ed statistically.
22. VIOLENCE: If death was due to externa	l causes, till in the following;	
Accident, suicide, or homicide	Date of	
Where did injury occur?(City or tow		(State)
Injured at home, farm, Industry, public place	e (where?)	
Msans of Injury	Injured at work?	
23. SIGNATURE Stewart	S. Shaffe	n má

Address Mount Wilson, Md. Date signed 10/25/46



2411 N. Charles St., Baltimore 92-0

09769

CERTIFICATE OF DEATH

ly every tem of information carefully. The correct age write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

re		Reg. Dist. 140iffi.f
bly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
legibl.	Ofty or town (If outside city of town limits, write RURAL and give nearest town)	State County County Dallistore
lly.	V 5 1.4=:	City or town (If outside city or town limits, write RURAL and give nearest away)
and	How long in above ptace of death?	
carefully arly and		(If rurai, give LOCATION)
on care clearly	How long in hospital or institution?	2.(a) If veteran, name war.
ati	3. (a) FULL NAME	/ 4 3. (b) Social Security Number
formati	Samuel M. H	and .
inf of	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
n of	M Manued	2D. DATE DE DEATH OCT 5 1944 18 30 PM
1 to 5	6.(b) Name of husband or wife Erma Y / F-lagle)	21. I CEBIJFY that death occurred on the date above stated; that I attended deceased from
H 34	6.(c) If alive, give age	Ceps 20 194C, 10 Mary 20 19ch
te	7. Birth date of	and that I last saw he country on May 20 1946
ly wri	deceased (mo., day, yr.) 8 A.G.F. Years Months Days If less than one day	Immediato cause of death
se	J. AUL.	Court 40 Tankales 2
Slea	13 10 19hrsmln.	Coccorac amaracas
p	9. Birthplace. Jacks (Town, county, and state)	Due to
IN	Para III	Valence only and
ADING I	To, Usual Occupation.	Due to.
ADIN Physi	11. Industry or business	Mensuace ferre.
FA.	E 12. Name July 17 Carl	Other conditions
WITH UNF important.	13. Birthplace Rollo Co. M.d.	(Include pregnancy within 3 months of death)
	14. Maiden name Callotte Merryman	
LI	15. Birthplace Balta (a md-	Major findings of operations
W. ii	My F m. W. F	
CAINLY, especially	16. Informant	Actopsy results
PLAINL s especia	Address Octogrande, Mo	22. VIOLENCE: If death was due to external causes, fill in the following:
LA	(Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
E S		Where did injury occur?
ITI	Cemetery or crematory My 1 + m	
VR	Location	Injured at home, farm, Industry, public place (where?)
H	18. Funeral director dander M. Brookis	Meens of injury Injured at work?
ASE	Addrese Sparly Md.	Itements a stains
PLE,	Oct. 6 46 Willer C. Rasor	23. SIGNATURE M. D. or other
ы	19	Address huther will Date signed 1861

OCT H 1946
RUBEAU V. M.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Diat. No. 38

1. PLACE OF DEATH: County. City or iown. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Rring Cost Munsung Nomes-Register avz	Street No. 20/6 Masby Clark (If rural, giv/LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Jane Jendres	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Fernalla White Widowed	MEDICAL CERTIFICATION OF 57 20. DATE OF DEATH. MEDICAL CERTIFICATION OF 57 1946, 21257. M
B.(b) Name of husband of whehm C. Vendrek Sr.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) See 2324 - 1870	and that I last saw hallve on
8. AGE: Years Months Days It less than one day 75 9 12hrsmin.	Immediate cause of death DURATION
9. Birthplace	Due to. Oski - S-la
10. Usual occupation	Due to
12. Name Mosts Carroll 13. Birthplace Sneland	Dther conditions
14. Maiden name Margaret Mc Grunck	(Include pregnancy within 3 months of death) Major findings of operations
	Date of op
16. Informant Mrs. Dougld Martin	Autopsy results
Address 20/0 Moscy Cut 17 Burial (Burlal, cremation, or removal, Which?) (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory St. Marys'	Where did injury occur? (City or town) (County) (State)
Location Govans	Injured at home, tarm, industry, public place (where?)
18. Funeral director Williams Cook Suc.	Means of Injury Injured at work?
Address 1217 St. Paul J.	0.08
19. Oct. 8 19.46 awhlich (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other Address & & P 9 Gills HT Date signed Och 6

Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH of deceased is shown on

2411 N. Charles St., Baltimore 93-3

FILM No. I O 7 OCT 18 1946

CERTIFICATE OF DEATH

1. PLACE OF DE	EATH: Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town(1f	Relay, 27,	Maryland limits, write RURAL and give nearest town)	state Maryland County Frederi	
Hospital, institution, o	street address where Sanitarius	TO THE STATE OF TH	City or town	
How long in hospital o	or Institution?ab	out 12 hours	2.(a) If veteran, name war. not in service	<i>V</i>
3. (a) FULL NAM		am W. Kimmel	3. (b) Social Securi	ty Number
4. Sex male	5. Color or race	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20, DATE OF DEATH 19. X	16 18-55 a
7. Birth date of	Now	e Graver Kimmel 8.(c) If allve, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended d	leceased from
8. AGE: Year	rs Months	Days If less than one dayhrsmin.	Immediate cause of death	
11	Farmer	Md. Sounty, and state) and Cattle dealer	Due to Bardin Vascular di	
当 12. Name F:	rederick J	. Kimmel	Other conditions Suddler	- death
12. Name Frederick J. Kimmel 13. Birthplace Frederick Co., Md.		Co. Md.		wing
		Gibson	(Include pregnancy within 3 months of death) Major findings of operations	
18. Informant. Unc	cle- Micha	el Kimmel derick Co., Md.	Autopsy results	***************************************
17. Burial, cremation	n, or removal. Which	Date thereof Ott 14-1940 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or cremat	3.	Journay Durid	Where did injury occur? (City or town) (County) Injured at home, farm, industry, public place (where?)	
18. Funeral director	W. E.	Jaleoner ashet Md	Means of Injury Injured at work? 23. SIGNATURE Level 24. The Lieffer	Keepfled En Hoel
19. Oct.	//- 19 4 G	Of 11. 46 Registrat		D. or other ed /0-//- 46

RESERVATION OF RESERVATION OF SECULAR PROPERTY OF SECURAR PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Starrouge (Pour	State Md County Walls -
(If sutside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Go w # 1.
How long In above place of death?	(If outsigned ar town limits, write and all and give near shown)
R10 Box 306. Creek Rd.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Mary Ellen Kirschner	sione
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed.	2D. DATE DF DEATH October 17 1946 21 8:05 FM
6.(b) Name of husband or wife Charles Henry.	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
Kins chnes, Sw 6.(c) If allye, give age years	198 10 CX 1 19 46
T. Birth date of deceased (mo., day, yr.) Lec 22.1872.	and the Hast saw h. O
8. AGE: Years Months Days If less than one day	Immediate cause of death
73 9 26hrs,min.	
Preston Co. W. Wa	Due to.
9. Birthplace	anteriosclerosis. Byrs.
1D. Usual occupation. Housework	Due to.
11. Industry or business own some .	Steffertensire Cardio lagarle 5 yrs.
12. Name Manuel Oyles. 13. Birthplace 2 7 a.	Other conditions — illustrate .
	(Include pregnancy within 3 months of death)
# 14. Maiden name	
15. Birthplace W. Va.	Major findings of operations. Date of op.
fort to the sale	Autopsy results.
16. Informant Migues Pt. Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address & 1/4 spanish Oy. 119.	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Burlal, cremation, or removal Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Carnewood 6 lm	Where did injury occur?
Location Taylor live	tnjured at home, farm, industry, public place (where?)
Al fortille	Means of injury Injury Injury It work?
18. Funeral director	di di
Address & Ser Heless Col	23. SIGNATURE TOURS M. M. N. N.
(bate rec'd by registrar) (Cate rec'd by registrar) Registrar	Address Sparrows Point . Dest signed 10/17/46
(Date 100 d by 10g instat)	Audiess and Pare Signer and Audies

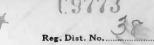
MARGIN RESERVED FOR BINDING

9-45-

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.



	Keg. Dist. No.
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
City or town. TOWS On 4. Mary and (If outside city or town limits, write RURAL and give nearest town)	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospiial, Institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Md.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(u) if veteran, name war
3. (a) FULL NAME Joseph. Edward In 14 nott	3. (b) Social Security Number
1. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced 1 n Sant	MEDICAL CERTIFICATION 20. DATE DF DEATH OCTOBER 26 19.46 11 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
8. AGE: Years Monihs Days 1f less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from O. P. r. 1: 5. 19.46. 19. to C. e. t. 2.6. 19.46. and that I last saw h. M. Alive on O. C. e. t. 2.6. 19.46. Immediate cause of death DURATION The same of the same of death DURATION The same of the same of death DURATION
9. Birthplace	Duo to.
	Due to
11. Industry or business 12. Name 9.0 sept 14 nott 13. Birthplace Mory fand 14. Maiden name Bornadine Cilkentund 15. Birthplace 1xory-Hosp. Records	Biher conditions Juhan au Rasis Aspiril unandum. Tuhan au Rasis Manuarin 2 unda. (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
Address Eudowood Sanatorium, Towson 4, Mo	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which) Cemetery or crematory	Accident, suicide, or homicide
Location Concluded With a Might will 18. Funeral director W. C. W. allers fleet will	Injured at home, farm, industry, public place (where?) Meana of injury Injured at work?
Address Remar flowers med for the second flowers of the second flo	SIGNATURE a. H. Jin be a town. M. D. or other Address Tows on 4, Md. Bate signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 470



County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State
Hospital, institution, or street address where death cognitred:	Street No. 22 (If rural, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war
JOSEPHS KORYTKOWSKi	3. (b) Social Security Number 215-05-5485
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Mule married	2D. DATE OF DEATH OLT 16 19 46 , at 11:50 BM
6.(6) Name of husband or wife. Julia Korythowsky	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date ot Co. (c) it alked give ageyears	and that I last saw h. Lin allve on Oct 16 1946.
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
94min.	Bronchaline Carenona 4 4 mos
9. Birthplace Ballo ma.	Due to Cerns
10. Usual occupation	1:
11. Industry or business Decreous Boist	Due to Lys. vena Canal obstruction Cluby
12. Name Frank Rozylbouth	Other conditions for serial carral
3. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Wary Garezosko	Major findings of operations.
1 1 7	Date of op.
18. Informant Mrs Julia Kory Mowm	Autopsy results
Address 2 2 6 mont o co	22. VIOLENCE: It death was due to external causes, till in the following:
(Burki, cremation, or removat. Whis)?)	Accident, suicide, or homicide
Cemetery or crematory St. Slandaus Com	Where did injury occur?
Location Dyndalk and Inc	tnjured at home, tarm, Industry, public place (where?)
18. Funeral direction testing the Tial ously 100	Means of Injury Injured at work?
Address 1000 & Kenwood ave	23. SIGNATURE DADY LLE MO. M. D. or other
19. (Old 19. X6. A deduct (Date red by registrar)	Address Date signed 10/12/46

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47.4)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Baltimore 6 Md Raspeburg Baltimore 6 Md
(If outside city or town limits, write RURAL and give nearest town) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: As in No 1 7405 Belair Road World War 1 How long in hospital or institution?... 3. (a) FULL NAME 3. (b) Social Security Number FREDERICK J LASSAHN 4. Sex MEDICAL CERTIFICATION Oct 18 1946 Male White Married 20. DATE OF DEATH. Etta M Lassahn 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from . 6.(c) If alive, give ageyears 7. Right date of April 2 1889 deceased (mo., day, yr.) DURATION If less than one day 8. AGE: Baltimore County Md (Town, county, and state)
Blacksmith 10. Usual occupation. 11. Industry or business Frederick W Lassahn 12. Name...... Baltimore City (include pregnancy within 8 months of death) 14. Malden na 15. Birthplace Eliza Diimer 14. Malden name... Major findings of operations..... G ermany Mrs Fredk J Lassahn PHYSICIAN: Please underline the cause to which death should be charged statistically. 7405 Belair Road Address 22. VIOLENCE: If death was due to external causes, fill in the following: Burial Date thereof... (Buriai, cramstion, or removal, Which?) Accident, suicide, or homicide..... Loudon Park Where did Injury occur? (City or town) Cemetery or crematory..... (County) Baltimore Md Injured at home, farm, Industry, public place (where?) 18. Funeral direct bassahn Finnera Means of Injury Injured at work? 7401 Belair Rd Baltimore 6 23. SIGNATURE

OCT 21 1945 BURLAU V E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/-a)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Baltimore				State Maryland County	
City or town				Beltimore	
How long in above place of death? 9 Days				(If outside city or town limits, write KOKAL and give negreat town)	
Hospital Institution, or street address where death occurred:				Street No. 809 West North Ave.,	
Vets. Adm. Hosp., Ft. Howard, Maryland				(If rural, give LOCATION) 2.(a) It veteran, name war	
How long in hospital or institution? 9 Days				2.(a) It veteran, name war	
3. (a) FULL NAME				3. (b) Social Secur	rity Number
	CHA	ARLES E	. LAWS		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced				MEDICAL CERTIFICATION	
Male	White		Single	20. DATE DF DEATH October 16, 1946	5 ,12:40 Am
6.(b) Name of husband or wifeSingle				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
				October 7, 19 46 to October 16, 1946	
7. Birth date of				and that I last saw h im alive on October 16,	19.46
deceased (mo., day, yr.)	2-14-			Immediate cause of death	
8. AGE: Years	Months	Days	If less than one day	Uremia, acute	Oct. 7,
53	8	2	hrsmin.		1946
9. Birthplace Cumberland, Maryland (Town, county, and state)				Oue to Chronic Nephritis	
10. Usual occupation Bookkeeper					plus
10. Usual occupation. DOURNOGPET				Oue to	
11, Industry or business					
12. Name Robert Laws 13. Sirthplace Cumberland, Md.				Other conditions Hypertension, malignant	*******
				Anemia, secondary (Include pregnancy within 3 months of death)	
Clara Missman					
14. Maiden name Clara Missman Sinthplace Cumberland, Md.				Major findings of operations.	
= 15. Birinpiace					
16. Informant Registrar's Office, Clin. Records.				Autopsy results	
Address Vets. Adm. Hosp., Ft. Howard, Md.					
Burial Burial Date thereof D = 18 - 46				22. VIOLENCE: It death was due to external causes, fill in the tollowing:	
(Daties, Crossesses) or restrict				Accident, suicide, or homicide	
Cemetery or crematory Baltimore National Cemetery				Where did Injury occur? (City or town) (County)	(State)
Beltimore, Maryland				Injured at home, farm/Industry, public place (where?)	
				Means of Injury Injured at work?	
18. Funeral director Oder Funeral Home Inc.				acr Do no Con	
Address 4644 York Road., Balto., Md.				10000	ron
10/10/12 10/6 (de /tedrick				R. M. CULLISON, M.D. CLIN.	DIRECTOR
19.	19.		Registrar	Address V. A. Ft. Howard, Md	med 10-16-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

1. PLACE OF DEATH: CountyBaltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City or tewn			
How/long in above place of death? 58 Days	City or town Baltimore (If outside city or town limits, write RURAL and give nes	rest town)	
Hospital, Institution, or street address where death occurred:	Street No. 1104 W. Saratoga St.,	***************************************	
Nets. Adm. Hosp., Fort Howard, Maryland	(1f rural, give LOCATION)	,	
How long in hospital or institution? 58 Days	2.(a) If veteran, name war WW-I		
3. (a) FULL NAME	3. (b) Social Security	Number	
ANDREW LEITH Alias ANDREW C. JOHNSON	213-20-4342		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Colored Married		5.15 D	
	20. DATE DF DEATH October 21, 19.46		
8.(b) Name of hysyard /oy wife. Alice Leith	21. I CERTIFY that death occurred on the date above slated; that I attended dece	ased from	
1-23-04 6.(c) II alive, give age 42 years	August 24, 19 46 to October	Z1, 19.40	
7 Right date of	and that I last saw h im alive on October 21,		
deceased (mo., day, yr.) 4-15-1898 R AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
8. AGE: Years Months Days If less than one day 48 6 7min.	Hemorrhage from duodenal ulcer	Unknown	
		• • • • • • • • • • • • • • • • • • • •	
9. Birthplace Cleveland, Ohio (Town, county, and state)	Due to		
10. Usual occupation Clergyman	••••••	***************************************	
10. Usual occupation	Due to		
11. Industry or business			
單 12. Name John Leith	Dither conditions Ulcer of stomach; Chr.	Unknown	
13. Birihplace North Carolina	glomerular nephritis; tuberculosis,	11	
14. Malden name Maggie Mann	rt. apex; "tuberculosis "left adrenal	11	
	Major findings of operations		
15. Birthplace	Date of op.		
16. Informant Registrar's Office, Clin. Records,	Autopsy results. Substantiated above		
Address Vets. Adm. Hosp., Ft. Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
1/	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or Crematory Baltimore National Cemetery	Where did injury occur?	(04.4.)	
Baltimore, Maryland			
Location	Injured at home, farm, industry, public place (where?)		
18. Funeral director. Charles R. Law	Means of Injury Injured at work?		
802 Medison Ave Relto Md	Paul Paget		
Address			
19. Oct 25 19. 46 a 2P. Hedrick	PAUL PADGET, M. D. ACT. CLT:	or other IR.	
(Date regist by registrar)	Address V. A. Ft. Howard, Md Bate signed	70-22-16	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 2411 N. Charles St., Baltimore (140) CERTIFICATE OF DEATH

0977840

			<u> </u>	Reg. Dist. No	arborroft arrangement	
1. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in above place of death? One day Hospital, institution, or street address where death occurred: Vets. Adm. Hospital, Ft. Howard, Maryland How long in hospital or institution?				Cily or town Lansdowne (If outside city or town limits, write RURAL and give r Streel No. 204 Hillendale Road (If rural, give LOCATION) 2.(a) If veteran, name war WW I	***************************************	
3. (a) FULL NAME MARTIN E.	LIDARD	ш		3. (b) Social Securit	y Number	
	, Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White	Si	ngle	2B. DATE OF DEATH October 20 1946	9:50 A	
B.(b) Name of husband or wife. Single 5.(c) If allve, give ageyears 7. Birth date of deceased (mo., day, yr.) 7/23/1892				and that I last saw h. IM alive on OCTODER 20	20 19 46 19 46	
8. AGE: Years 54.	Months	Days 27	If less than one dayhrsmin.	Immediate cause of death Mesenteric Thrombosis		
11. Industry or business	lothes P	acker		Due to Embolus & Mural Thrombus of left ventricle Due to Coronary occlusion with in- farction	Unknown	
12. Name John Edward Liderd 13. Birthplace Baltimore, Maryland				Other conditions		
置 14. Maiden name Mary Curtis				(include pregnancy within 3 months of death) Major findings of operatious.		
18. Informant Registrar's Office, V.A.			. V.A.	Autopsy resultsSubstantiatedabove PHYSICIAN: Please underline the cause to which death should be charge	•••••	
Address Fort Howard, Maryland 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory Baltimore, Maryland Location			eof Oct 24,/946 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)	
Addition	Belair !	Rd., B	alto., Md.	Means of Injury Injured at work? 23. SIDNATURE R. M. CULLISON, M.D. CLIN. DT Address V. A. Et. Howard, Md. Bate signe	m mk	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

1. PLACE	OF DEAT	H:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Baltinore Cit or town Catonsville (If outside city or town limits, write RURAL and give nearest town)					State Md. County Baltimore		
				URAL and give nearest town)			
How long in above place of death? 30 years					City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)		
Hospitai, tosti	tution, or str	eet address where	death occurred	l:	Street No. 12 Ridge Road (If rural, give LOCATION)		
	nood .	Nursing.	nome				
How long in hospital or institution? 4 weeks 3.(a) FULL NAME Bertha A. MacEwen					2.(a) If veteran, name war		
				Fiven		3. (b) Social Security N	lumber
4. Sex	5	. Color or race		e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	43
femal		white	1	livorced			100A
2 011001	.0	WILLOC	1 4	i I v O I Ce u	20. DATE OF DEATH. October 25,		
6.(b) Name of	husband or	wife Ernes	t H. Ma	cEwen	21. I CERTIFY that death occurred on the date abov		sed from
			5.(6	c) if alive, give age72years	OOY. 19 ²		1919
7. Birth date	f	June 12	1979	, , , , , , , , , , , , , , , , , , , ,		at 26	18.4.6
8. AGE:	Years	Months	Days	If less than one day	Immediate cause of death	7	OURATION
S. AGE:	68	4	13	hrs. min.	anterio Salero	166	1- 42
					Cerroro va	a. Rusease	6 rus
9. Birthplace	Re	eisterst (Town	own, Md	state)	Cue to	.,,	***************************************
10. Usual oc	upation	none		.,	Que to	***************************************	
11. Industry	r husiness				938 10		***************************************
441		n H. Bec	klev		Bither conditions	***************************************	***************************************
12. Name		Md.	v				***************************************
			Aldon		(Include pregnancy within 3 m	onths of death)	
14. Mald	en name				Major findings of operations		
S 15. Birth	place	Md	•				
18. Informant	John	n H. Mac	Ewen		Aotopsy resolts	·::::	
		Easton,		,	PHYSICIAN: Please underline the cause to whi		
Address				30/05/10	22. VIOLENCE: If death was due to external caus	es, fill in the following:	
17. Bu	rial	r removal. Which	Date ther	eat 10/28/46 (month) (day) (year)	Accident, suicide, or hamtoide	Date of	
				(monen) (day) (Jenr)	Where did injury occur?(City or town)		
Cemetery						***	
Location	Kel	sterstow	11, Ma.	· · · · · · · · · · · · · · · · · · ·	Injured at home, farm, industry public place (wh		
18. Funerat	director do	hu 0. 1	Vitele	ell + dow, Inc	Means of Injury	Injured at work?	
		00 Eutaw	Place.	Baltimore-17-Md.	Xa.	X-1 6-1	7
Address		20.000		1 0151 00	23. SIGNATURE Que	M. D. o	nother
19 10	- 26	1946	A	arrend, Mulle	715 Frederick Rd.		18775
(Date re	c'd by regis	trar)	Α.	1 DeheckeRegistrar	Address /10 F1 GUG1 1CK RU.	Oate signed	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

Reg. Dist/No.140

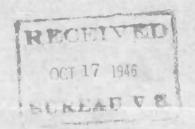
	100
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County/3a/to.	State /M. d. County /3 ca / to.
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town (1f outside city or town limita, write RURAL and give nearest town)
Hospitel, Institution, or street eddress where death occurred:	Street No. Junshin
Lunshino Ave	(If rural, give LOCATION)
How long in hospifal or Institution?	2.(a) If veteren, neme wer.
Pauline Maier	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION
Female white widowed	2D. DATE OF DEATH OCT. 15- 15 19 46 et 8 50 P. 11
S.(b) Name of husband or wife Adam C. Maley	21. CERTIFY that seeth occurred on the defe above stated; that Lattended deceeed from
7. Birth date of decement (ma. day, yr.) duly 164 1862	and thet I last saw had elive on 19
deceased (me., day, yr.) / / / / / / / / / / / / / / / / / / /	Immediais cause of death
8 4hrsmin.	15 mm,
	Due to Several Artonisal - 9
9. Birthplace (Town, county, and state)	erosio .
1D. Usuel occupelion.	Due to
11. Industry or bueiness	
12. Name Fred K. Lang 13. Birthpiece Germany	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Barbara Lang 15. Birthplace Germany	Major fiadiags of operations.
F 10 N=:/	Dete of op.
Address unshine Ave Tingsville	Actopsy results
	22. VIOLENCE: If deefh wes due to external ceusee, till in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Pauls Luth	Where did Injury occur?
Locetion 1301 to. Co. Md	Injured of home, term, Industry, public place (where?)
18. Funerel director Landson Street Ha	Maens of injury Injured of work?
Addres 7, 4011 Balain Rd.	2 Supplied ord F Judson Ind
1/0/17/46 DI MHammett	Hark End M. D. or other
(Date/rec'd/by registrar) Registrar	Address Date signed . O . J. C. J. C



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

1. PLACE OF DEATH: Balt.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Manual Cond	State Maryland County Baltimore
(If outside city or town limits, write RURAL and give nearest town)	10 + : !!
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 601 Ingliside Elvenie.
How long In hospital or institution?	fif rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME	Millian I market and the second and
Grest Frederick Ma	isel Sr. 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH 8 OCT 19 76 at 8 00 A M
8, (b) Name of husband or wife Mrs. Eva M. Maisel	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(c) tt alive, give age 40 years	8 OCT 19 96, 10 8 OCT 19 96
7. Birth date of	and that t last saw h alive on Dead on arrival 19
deceased (mo., day, yr.) UCANUS 4, 1879. 8. AGE: Years Months Days tt less than one day	Immediate cause of death
67 — 4hrsmin.	Hyocardial failure Zdays
Catanille Maniland	Due to Chremic Myseandiles Canana
9. Birthplace (Town, county, and state)	Due to Chescale May Oca Males Catherine
10. Usual occupation Trocery Store Operator	Due to Antonio & Clanosis University
11. Industry or business froces for	
岩 12. Name Musican 1. Manse	Other conditions Recont Carbon
13. Birthplace Maryana.	(Include pregnant within 8 months of death)
E 14. Maiden name Gleandra 6. Dill	Major fiudiugs of operations.
15. Birthplace Maryland.	Date of op.
18. Informant Mrs. Esple Crane	Autopsy results
Address 803 Edmondson avenue	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busial 10/11/4	22. VIOLENCE: It death was due to externat causes, filt in the tollowing;
(Burial, cremation, or removal, Which?) Bate thereot. (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Joseph Carlo Carlo Cinellary.	Where did injury occur?
Location Gredericks ave Ballimore Ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Caston Sons	Means of Injury Injured at work?
600' + 1.7 21. 0	52, 11, 115
Address Clicott My, Marylande.	23. SIGNATURE Seption Con Magness M. D. or other
19. 10 -16 (Date rec'd by registrar) 19.45 (Essetti Registrar)	Address 7 5 2 Fradanie AVE Date signed 9 Det 146





1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospital or institution?

3. (a) FULL NAME

Years

7. Birth date of deceased (mo., day, yr.)

1D. Usual occupation....

11. Industry or business

13. Birthelate

18. Funeral director.

(Date fec'd by registrar)

MOTHER

8. AGE:

Hospital, Institution, or street address where death occurred:

Months

(If outside city or town limits, write RURAL and give nearest town)

Days

If less than one day

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09782

Reg. Diat. No. ...

2. USUAL RESIDENCE (HOME) OF DECEASED:	
(For newborn infants give residence of mother)	isael
State Dille County Mille	a nel
City or town (If outside city or town Britis, write RURAL and gi	ve neerest town)
	6
Street No. 5.5 (If rural, give LOCATION)	
2.(a) If veteran, name war	
3. (b) Social Sect	urity Number
reiner/	
MEDICAL CERTIFICATION	J
12 1 0 / 12	11 / /
2D. DATE DE DEATH COCE STEEL 19.	46, at 60. V
21. I CERTIFY that death occurred on the date above stated; that I attended	d deceased from
0 dt 1 19 4 9 10 0 0	19.5
and that I last saw halled alive on	19
Immediate cause of deaths	DURATION
mulosomme	
(titberculous	
Due to	
Due to	***************************************

Other conditions	***************************************
(Include pregnancy within 3 months of death)	
Major findings of operations.	
Date of op.	200000200000000000000000000000000000000
Antopsy results	arged statistically.
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	
Whose did jelium accur?	***************************************
(City or town) (County)	(State)
Injured at home, farm, industry, public place (where?)	***************************************
Meens of Injury Injured at work	?
23. SIGNATURE Briging Willey	<u>)</u>
Address 19 1 0 W Classification Date si	gned

UNFADING INK. Supply every item of information carefully. The correct ant. Physicians: please write the causes of death clearly and legibly. important. PLEASE WRITE PLAINLY, '

VS A15

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore (73-2)

09783 1

information carefully of death clearly and	How long in hospit				- Vacan	
VG of infor ses of d	4. Sex Female					
OR BINDING every item of cite the causes	o di Nessa di buah	oand or w		6.(6) If alive, give agey	
ZED F	8. AGE:	rears 73	Months	Days 28	If less than one day	
MARGIN RESERVED FOR BINDING WITH UNFADING INK. Supply every item of important. Physicians: please write the causes	13. Birthplace	9. Birthplace Ponnsylvania (Town, county, and state) 10. Usual occupation Housewafe 11. Industry or business 12. Name Matthew Mollett 13. Birthplace Pennsylvania 14. Malden name Lucinia Deshong 15. Birthplace Mrs. Louis Ningard				
LAINLY, especially	Address	55122 oval	Windso	r Mill	Road of Oct. 14, 19	
WRITE PLAINL	Cemetery or cre	(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory. Christian Com Harrisonville, Pa.				
		18. Funeral director Wm. J. Tickner & Sons, Inc. Address North & Pennsylvania Aves.				

1. PLACE OF DEATH: Baltimore

2. USUAL RESIDENCE (HOME) OF (For oewbore infants give residence of m	DECEASED:
State Maryland Course	Baltimore
State Woodlawn Coun	y
ATT TO THE PARTY OF THE PARTY O	write RURAL and give nearest towo)
Street No. 5522 Windsor M	
(If rural, give I	
2.(a) If veteran, name war	
	3. (b) Social Security Number
	o. (o) both became number
MEDICAL CE	RTIFICATION
20 DATE OF DEATH October 1	3 a 19 46 af M
21. I CERTIFY that death occurred on the date above	
21. I CENTIFY that death occurred on the date above	945, to Och 13 19 46
and thef I last saw h. C. alive on O.C.	4 13 19 46
Immediate cause of death Cardiae	Failure Lay
Comment of the commen	Jacobs

Due to	***************************************
Due fo	
Mar mellion Germeins an	
Other conditions Jerueens an	rema julinon
(Include pregnancy within 3 m	and the of Joseph
Major fiadiogs of operations	
***************************************	Date of op
Actopsy results	ch death shoold be charged statistically.
22. VIOLENCE: If death was due to external caus	es, fill in the following;
Accident, suicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
injured af home, farm, industry, public place (whe	re?)
Meens of Injury	Injured at work?
23. SIGHATURE Harry ashins	in had
Address (921 W Wenth	M, D, or other
14hm (1)/1 41 Um 11.	me note elegated // 3/ 76

MARYI	AND	STATE	DEPARTMENT	OF	HEALTH
MINICILL	AUU	DIALL	DELANTIMENT	OI.	HEALII

2411 N. Charles St., Baltimore 940

	TOB: DISC TO THE STATE OF THE S
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County & always	7121
City or town	State County County
	City or town (17 outside city or town lights, write RURAL and give nearest town)
How long in above place of death?	
Box 395 Thompson Polot.	Sireet No. 306 (If rural, give LOCATION)
How long In hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carl K. M'Danie	202-05-2738
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While married.	20. DATE OF DEATH. Ocx 28 1946 at 6P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	Och 28 1946 10 Och 28 1946
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Jeby 10 /1883.	Immediate cause of death
8. AGE: Years Months Days tf less than one day	Coronary occusion of
63 8 /8min.	1 release
9. Birthplace	Oue to.
9. Birthplace(Town, county, and state)	
1D. Usual occupation	Due to
11. Industry or business Constitution	
	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
E 15. Birthplace	Date of op.
16 Informant Langenfelio & Co	Antopsy results
D 1 6. 61. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Anlushi Highway	22. VIOLENCE: If death was due to external causes, till in the following:
17 (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
marcon	Where did injury occur?
Cemetery or crematory	
Location Penns.	Injured at home, farm, industry, public place (where?)
18. Funeral director Lames Bug dynske	Means of Injury Injured at work?
Address 1407 Fastern ave Rd. Essex	WMVaa a mo
AUDIESS / / / COUNTY OF A A A A A	23. SIGNATURE
19 /0/29 16 Hill tegrels	depring the state of the
(Date rec' (by registrar)	Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47-d

1. PLACE OF DE	ATH: timore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cily or town				State Maryland County Baltimore			
				City or town	write RURAL and give near	est town)	
Vet Adm.	Hospital,	Ft. Ho	ward, Maryland	Street No			
How long in nospital o	r institution:			2.(0) II reteran, name was	3. (b) Social Security P	I1	
3. (a) FULL NAM	JAMES G.	McDON	ALD (James	George McDonald)	none	igmoer	
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	Ma	rried	20. DATE OF DEATH. October 10	, 19 46	at 7:10 A	
6.(b) Name of husband or wife. Mrs. Mary McDonald 6.(c) If allve, give age				21. I CERTIFY that death occurred on the date above	e stated; that I attended decea 46 to October tober 10	eed from 1019.46	
8. AGE: Year	s Months	0ays	if less than one dayhrs. min.	Carcinoma of right l	ung with	Unknown	
9. Birthplace	Watchmar	ounty, and s	er Dep't.	Due to Unknown	al lymphnodes.		
11. Industry or busine 12. Name	John McD		2110 y	Other conditions Hydrothorax,		Unknown	
14. Maiden name	Levinia Baltimo:	*****************	17-0	(Include pregnancy within 3 m			
16. tnformant			ffice, Vet. Hosp.	Autopsy resultsSubstantiate: PHYSICIAN: Please underline the cause tu wh	d above.		
17. Bur:	ial n, or removal. Which?)		month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Oate of		
	Baltimo Baltimo		ional Cemetery	Where did Injury occur? (City or town) Injured at home, farm, Industry, public place (wh	ere?)		
18. Funeral director	Henry Sand	ler &	Sons dwaym Balto., Md	· TO Robert M	Injured at work?		
19. 10/17	2 19 X 6	A	to be duy	23. SIGNATURE R. M. CULLISON	M.D. CLIN.	IR.	

2411 N. Charles St., Baltimore (50)

09786

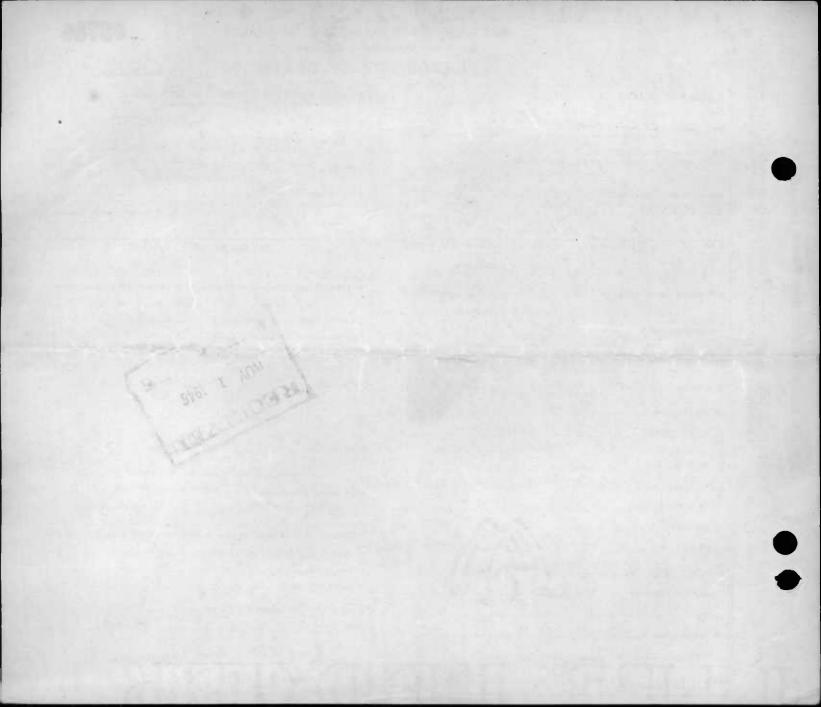
CERTIFICATE OF DEATH

Reg Dist No 4/

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street addrass where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	
3. (a) FULL NAME. Goldie Rebecca Estelle	Miller. 3. (b) Social Security Number
4. Set 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Town While: Witon-	20, DATE OF DEATH Och 2 1946 at 7 24
8.(6) Name of husband or wite Marken Myller.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	
7. Birth date of 0.06 18 1981	and that I last saw halive on
deceased (mo., day, yr.) 8 ACF- Years Months Days If less than one day	Immediate cause of death
o. Aut.	
60 / / Shrsmln.	Caronna Thead. 4 Tro,
9. Sirthplace Pass Pass Th. La.	Due to
(Town county, and state)	
1D. Usual occupation.	Que to.
11. Industry or business	pue to
12. Name of supplies allen garther 13. Birthplace W. Va	Dther conditions
	(Include pregnancy within 3 months of deash)
14. Maiden name Cliura May Duncan 15. Birthplace N, Vas -	Concerne Broad
Me Val	Major findings of operations
∑ 15. Birthplace	Date of of the state of the sta
16. Informant 200. IV. Harries	Autopsy results
Address 2916 Hollen H. Dunsell.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A December 194	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof(month) (day) (year)	Accident, suicide, or homicide
Markand	Where did Injury Occur?
Cemetery or crematory	
Location Dayang Will Change	Injured at home, farm, Industry, public place (where?)
18. Funeral director Roland L. Fisher	Means of Injury Injured at work?
1112 Augustalla Dave	(ho. o) 5
Address 21/2 Dumphuk grt.	23. SIGNATURE / Miloanne M. A.
10/4/46 Domontonion	Denula medica Manne
(Date rec's by registrar) Registrar	Address Date signed Date signed
	10/0/46

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

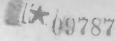


PLEASE

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-6



CEPTIFICATE OF DEATH

ELM.	(19	7	87	
			20	

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Daltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Maryland county Baltimore
City or 10wn	City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? O. yrs. 1 12 days. Hospital, institution, or street address where death occurred: Wilson	street No. 2804 Frederick Road
Branch, Md. Tuberculosis Sanatorium	(If rural, give LOCATION)
How long in hospital or institution? O. yrs., 1 mo., 12 days	2.(a) it veteran, name war
Mrs. Ruby I. Muskusky	3. (b) Social Security Number # Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE DF DEATH October 21, 146 at 11:45 M
B.(b) Name of husband or wife Joseph A. Muskusky	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of T	September 9, 1946 to October 211946
7. Birth date of deceased (mo., day, yr.) January 12, 1921	and that I last saw h.e.ralive onOctober 21,
deceased (mo., day, yr.) January 12, 1921 8. AGE: Years Months Days If less than one day	Immediate cause of death
25 9 9hrsmin.	Pulmonary Tuberculsosis 4 Yrs.
9. Birthplace Johnstown Virginia (Town, county, and state)	Due to Tubercle Bacilli
10. Usual occupation Housewife	
	Due to
11. industry or business 12. Name	Other conditions
₹ 13. Birthplace Tennessee	(Include pregnancy within 3 months of death)
14. Malden name Mattie Cantwell	Major fiedings of operations. No operation
14. Malden name Mattie Cantwell 15. Birthplace Tennessee	Date of op.
18. informant JOSEPH A. MUSKUSKY	Autopsy results
Address 2804 Frederick hd., Catonsville,	22. VIOLENCE: tt death was due to external causes, till in the following:
Burial (Burial, cremation, or removal, Which?) Date thereot Oct . 24, 1946d. (month) (day) (year)	Accident, suicide, or homicide
	Where did injury occur?
Cemetery or crematory St. John's Cemetery	
Location Ellicott City, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Easton Sons	Means of Injury Injured at work?
Address Ellicott City, Maryland	23. SIGNATURE Servart & Shoffer mix
19. Oct 22 19.46 Earl 7 Webster (Date rec'd by registrar)	A. D. or other

Reed - 10 - 23 - 46

care de sel OCT 24 1946 Commence of the second second

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		100
Reg. Dist.	No	30

			Neg. Dist. 140.
1. PLACE OF DE	EATH: Balti	mere	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
.2"		sville	State Md. County Baltimere
(If	outside city or town li	SVILLe mits, write RURAL and give nearest town)	City or town Catensville
How long in above place	ce of death?	•••••••••••••••••••••••••••••••••••••••	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution	street address where	death occurred:	Street No. 126 N. Symington Ave.
***************************************		***************************************	(If rural, give LOCATION)
	or institution?		2.(a) If veleran, name war
3. (a) FULL NAM		Neujahr	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	W.	Married	2D, DATE OF DEATH. Oct. 24/46. 19
W MILE John of		6.(c) If alive, give age yes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 # # 10 # 10 # 10 # 10 # 10 # 10 # 10
8. AGE: Yea 47	rs Months 3	Days tf less than one day 25hrsmi	nutastatia Ca g RO. Jung 6 mo
Il	1.		Due to Ca 1 RD. Breard. 137.
Birthplace Birt	H.W. (Town.	county, and state)	
11. Industry or busine	221		Due to
		ernung	Dither conditions Chr. Rheumatin Heart 30 711
12. Name. Ge 13. Sirthplace			Unner conditions
	Ida Dieh	7	(include pregnancy within 3 months of death)
14. Maiden name			Major findings of operations.
15. Birthplace	Penna.		Date of op.
15 total and Mr	. George	J. Neujahr	Autopsy results
			PHYSICIAN: Please underline the cause to which death should be charged statistically.
		ngten Ave.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Buri	al n, or removal. Which?)	Date thereof Oct. 28/46. (month) (day) (year)	Accident, suicide, or homicide
(Buriai, crematio	T. arrai	e Park (month) (day) (year)	
	Lerrain		Where did injury occur? (City or town) (County) (State)
Location	odlawn, Md	• 7/	Injured at home, farm, Industry, public place (where?)
18. Funeral director.	Harry	H. Wipke.	Means of injury Injured at work?
	1 Edmends	en Ave.	20 SIANATHOE House K. Gallager M.D.
10/0/24	les	D. W. Hedrick	M. D. or other
(Date rec'd by r	egistrar)	Dog Registr	ur Address Calouselle-28, Mad. Date signed 10-25-46

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

R. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
county Baltimore	- 2/ 1			
City of town Fort Howard (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Tallat			
flow long in above place of death?	City or town Bellevile (1f outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution, or street address where death occurred:				
	Street No. Bellevue (If rurel, give LOCATION)			
Vets. Adm. Hospital, Ft. Howard, Waryland				
How long In hospital or Institution? 2802.YS.	2.(a) If veteran, name war			
3. (a) FULL NAME	3. (b) Social Security Number			
LE ROY ANDERSON NICHOLS.				
LF ROY ANDERSON NICHOLS. 4. Sex 5. Color or race E.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION			
Male Colored Married	20, DATE OF DEATH			
6.(b) Name of husband or wifeMrs. Marie Nichols	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
	October 1 19 46 to October 29 19 46			
7. Birth date of	and that I last saw h im alive on October 29 19 46			
deceased (mo., day, yr.) 2/3/1897	TENTAL TENTAL			
8. AGE: Years Months Days If less than one day				
	28 days			
49 8 26hrsmln.	Plus			
9. Birthplace Broad Creek Neck Md. (Town, county, and state)	Due to Nephrosclerosis 28 days			
	Plus			
10. Usual occupation. Unemployed	Due to			
11. Industry or business	946 10			
[12 Name Joseph Nichols	Diher conditions Hezrt Disease - Hypertension			
Z 13. Birthplace Maryland	Arterial - Myocardial Insufficiency 28 days (Include pregnancy within 3 months of death) Plus			
14. Malden name Celia Grayson	2 2 000			
	Major findings of operations.			
	Date of op.			
18. Informant Registrar's Office, Clin. Records	Autopey results.			
Address Vtes. Adm. Hosp., Ftt. Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.			
4- 34 .//	22. VIOLENCE: tf death was due to external causes, fill in the following:			
17. Burial Date thereof (month) (day) (year)	Accident, suicide, or homicide			
	Where did Inhury occur?			
Cemetery or crematory	Where did injury occur?			
Location Belleane - md.	Injured at home, farm, Industry, public place (where?)			
	Means of Injury Injured at work?			
18. Funeral director	Robert M. Culleson			
Address 80 2 madesage Que.	Robert M. Culli-			
+ 2x Claratele	23. SIGHATURE Robert M. Cullison, M.D. Clin Dir.			
19. (Dore rec'd by registrar) Registrar				
(Digital feet of by registrar)	Address			

ARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.....

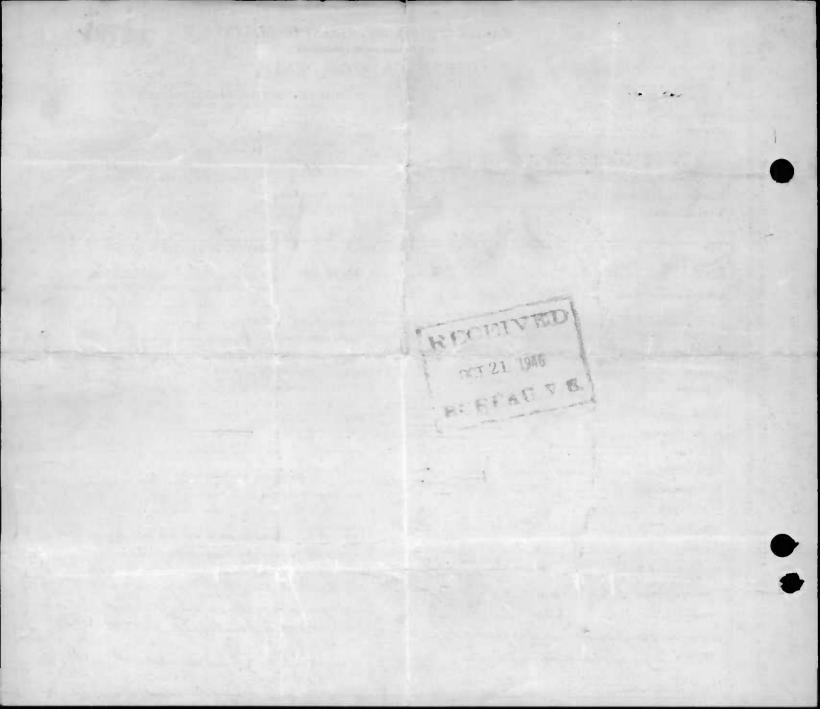
1. PLACE OF DEA	Balto.		2. USUAL RESIDENCE (HOME) OF DECEA	SED:	
City of town Rogers Rosge			State		
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?		City or town			
			Street No	(N)	
How long in hospital or			2.(a) It veteran, name war		
3. (a) FULL NAME		lah C. Ohle	3. (b)	Social Security Number	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIF	ICATION	
F	W	Widow	20. DATE DF DEATH	46 5.30 A	
6.(b) Name of husband	or witePhil:	Lp.	21. I CERTIFY that death occurred on the date above stated;		
7. Birth date of deceased (mo., day, y	38		are I	2 1146	
8. AGE: Years		Days & If less than one dayhrs	Congestion of Line	DURATION 2 Sorp.	
9. Birthplace	dams Co.	Penn. county, and state)	Due to.		
11. Industry or business			DUG 14		
当 12. Hame	Aaron Win	sler	Other conditions of the same same same	ifo City 29/46	
14. Malden name	Harrie	t Bringman	(Include pregnancy within 3 months of		
				Date ot op	
18. Intermant	iss. Ali		Autopsy results	should be charged statistically.	
17(Burial, cremation.	Burial , or removal, Which?) Parkwo	Date thereof Oct. 16 46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in Accident, suicide, or homicide	(County) (State)	
Edeation	aylor Av		Injured at home, farm, Industry, public place (where 2)	4 Kome	
		nn and Son	Means of injury Information Rus	2	
Address	2 S. Bro	adway	23. SIGNATURE LECCHIA THE	ey m. D.	
19. (Date rec'd by real	gistrar) 19 4	Als Hard	1.6	M. D. or other Date signed 4446	

MARYLAND STATE DEPARTMENT OF HEALTH

(19791 Reg. Dist. No. 4-3

2411 N. Charles St., Baltimore (C3,77) CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
1. That by built	(For newborn infants give residence of mother)
County	State On County Ballo 5
(If outside city or town limits, write RURAL and give nearest town)	mulling to the star a
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, as Mullon, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edward The Orn	2416-07-9575
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE DF DEATH
6.(b) Name of husband or wife E the 1 M. Oxx	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Apri/ 10 9 1893	Immediais cause of death DURATION
8. AGE: Years Months Days If less than one day	
5-3 6hrsmin.	Carpen manofile la
9. Birthplace (Town, county, and state)	Due to tuto me tite
10. Usual occupation electrician	Oue to.
11. Industry or business	
12. Name	Diher conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
14. Maiden name	Oate of op.
16. Informant Mrs. E.W. Orn	Autopsy results
Address / 15 hes /ix Are	22. VIOLENCE: If death was die to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Assident, suicide, or homicide for the first the Date of 10/15/14
Cemetery or crematory Par Two a	Where did injury occur? (City or town) (County) (State)
Location Ba /ta Md	Injured at home Tarm, Industry, public place (where?)
18. Funeral director Kassahne Francial Home	Means of Injury of from Cluster Injured at work? "HO
Address 7 40, Belain Rd.	23. SIGNATURE AMBARILIA MA
19. Act 17 19.46 mag & Registrar Registrar	Deputy Makies life the



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (330)

1. PLACE OF DE.	Raltim	ore		(For newborn infants give residence of mother)		
UVUIII)			***************************************	State Maryland County		
(If outside city or town limits, write RURAL and give nesrest town)						
How long in above place of death?				City or town		
				Street No. 1802 Chilton Street		
Spring	.GroveSta	teHos	pital	(If rural, give LOCATION)	,	
		days		2.(a) If veteran, name war	····	
3. (a) FULL NAM		a O'To		3. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Sing	ele, married, widowed, or divorced	MEDICAL CERTIFICATION		
female	white		widowed	20. DATE DF DEATH October 24- 19.46 at 9:40	an	
6.(b) Name of husband	or wife	Joseph	O'Toole	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from		
				October 4 19.46 to October 24.19.4	6	
7. Birth date of	A		(c) If alive, give ageyears	and thal I last saw h. or alive on October 24 19.4	6	
deceased (mo., day,)		1 26,		Immediate cause of death	M	
8. AGE: Years	Months	Days	If less than one day	Chronic myocardial insufficiency		
78	6	8	hrsmin.	inde	f.	
9. Birthplace	Austr	alia	state)	Due to Chronic hypertensive cardio-	*******	
J. Dittiplace				vascular diseaseinde	f	
10. Usual occupation Housewife				Due to.		
11. Industry or busines	s Home			7		
12. Name	Willi	am Tur	ner	Other conditions		
12. Name	Irela					
the same of the sa	1774			(Include prognancy within 3 months of death)		
14. Malden name.	DIIZE	pern		Major findings of operations.		
15. Birthplace	Irela	rid		Date of op.		
16 Informant	Hospi	tal re	cords	Antopsy results		
	7		-28. Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address				22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Buri	, of removal. Which?	Date the	reof Oct 28,1946 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory New Cathedral Location Baltimore Md			ral	Where did injury occur?		
				Injured al home, farm, Industry, public place (where?)	••••••	
			enus Luc	Means of Injury Injured at work?		
				Dache June		
Address HOL	lins & G	TIMOI	505.	23. SIGNATURE Isadore Tuerk, M.D. M.D. or other		
10/28	46	X	W. Hedrech	M. D. or other		
()ate we'd by re	gistrar)		Registrar	Address Catonsville-28, Md. Date signed 10-24-4	6	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

09793

CERTIFICATE OF DEATH

ev. Dist. No. 30

e cor ly.	1. PLACE OF DEATH: Saltinore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The	City or town. (If outside city or town limits, write RURAL and give nearest town)	State Dol County Dallemore
and		(If outside city or town limits, write RURAL and give nearest town)
carefully and	How long In above place of death?	
L'E		Street No. Pedge Fral - 6 amondson
2 3	7 (finge Fond Colmondson)	(If rural, give LOCATION)
cle	How long in hospital or inetitution?	2.(a) If veteran, name war.
th	3. (a) FULL NAME	3. (b) Social Security Number
information of death ch	trank Simothy	tar
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
of	m W. married	2 / 12 / 13
รถ	on. or avec	20. DATE OF DEATH Och . 18/46. 19 at 3-4 M
em of	Daniel P (+ 122)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
e II.	6.(b) Name of husband or wife	
th's		19 46 10 00 18 19 46
ly eve	7. Birth date of	and that I last eaw h. J. 22 alive on 19.4-6
y iri	deceased (mo., day, yr.) July 11, 1888	Immediate cause of death
0	8. AGE: Years Months Days If less than one day	
Supr	58 3 7min,	Coronery Thrombosis 4 days
		COLOTIERY THEORY OSIS A GREET
M. Pa	9. Birthplace ML.	Due to.
INK ns:	(Town, county, and state)	Museoritis 6 miss
ar	10. Usual occupation Line Ins. Underwritter	
J. C.	1, - 0	Due to
DING INK. hysicians: pl	11. Industry or business Leo G. Swope 700.	
AT DI	12. Name Lenny Carr	Diher conditions
1	13. Birthplace	
5,6	w P	(Include pregnancy within 3 months of death)
WITH	# 14. Malden name ause albrich	
Had	14. Malden name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Msjor findings of operations.
ĭä	2 15. 8 rinpiace	Date of op.
7.2	16. Informant Mrs. marie 1. Carr	Autopsy results
Lial	7 (P.) (IN)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, s especially	Address lege la de la dela de	OO WOLFNOE It don't was due to existend equate fill in the following:
A]	12 Burish Date thereof Och. 21/46.	22. VIOLENCE: If death was due to external causes, fill in the following;
PL s e	(Burlal, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
	Very O (PK.	Where did injury occur? (City or town) (County) (State)
E	Commercial of Commercial Commerci	(City or town) (County) (State)
WRITE	Location 3801 Frederick Moad.	Injured at home, farm, Industry, public place (where?)
A	2/2-1/ 7/ : the	Masns of Injury // /injured at work?
SE	18. Funeral director. Having IV	18 110
	Address 4/0/6 Amondson aue	190015/ () 1
EA	AUDIOSS / O / COMPAND NOTE OF	23. SIGNATURE GOTAL KONTON
PLE	10/18 V6 /4.W. kde dais	(atms) to 120 M/A M. D. another
H	19. (1)ate pee'd by registrar) Registrar	Address (4) 000 AMILE AS 18/4 Bate closed 10.18.46.
	DIV	value organization

803 Fredh. Pd.

rest town)

ly every item of information carefully. The every the causes of death clearly and legibly.

ADING INK. Supp Physicians: please

important.

especially

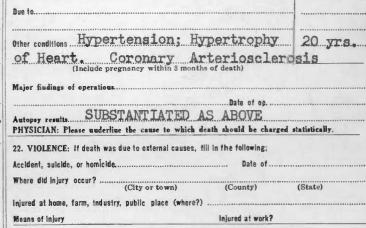
MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

· · · · · · · · · · · · · · · · · · ·	
I. PLACE OF DEATH: County Baltimore City or town Fort Howard (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 15 Days Hospital, institution, or street address where death occurred: Vets. Adm. Hosp., Ft. Howard, Maryland How long in hospital or institution? 15 Days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 511 Hollen Road (If rural, give LOCATION) 2.(a) If veteran, name war WW-I
3. (a) FULL NAME	3. (b) Social Security Number

3. (a) FULL NA	ME	WARE	EN W	PEARMAN
4. Sex	5. Color or	race 6	(a)Single	, married, widowed, or divorced
Male	Whi			Married
6.(b) Name of busha	hd/o/wife M	yrtle 1	Pearn	an
7. Birth date of deceased (mo., da	***************************************	3-3-95) If allve, give age51 years
8. AGE: Ye	ars Month	S	Days	If less than one day
	51	7	15	hrs min.
12. NameJ.8 13. Birtholace 14. Malden nam 15. Birtholace	Virg	inia Joyce	1	
16. InformantRe	-			Vets. Adm. Hosp.
Address	Ft.	Howard,	Mar	yland
OEmetery or crem	on, or removal	.which?) kwood (timore	emet	· · · · · · · · · · · · · · · · · · ·
18. Funeral director	Wm.	J. Ticl	mer	& Sons

215-10-9974 MEDICAL CERTIFICATION 20. DATE OF DEATH October 18. 1946 al2:50 AM 21. I CERTIFY that death occurred on the date above stated; that tattended deceased from 10 46 10 October 18, 1946 DURATION GLOMERULAR NEUPHRITIS 20 yrs.



North & Penn. aves., Balto., Md.

V.A. Fort Howard, Md. Date signed 10-18-46.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



	-			
2 au.	Dist.	No.	4	0

1. PLACE OF SEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants glys residence of mother)
County	Med Balls
Olty or town To Outside city or town limits, write RUEAL and give hearest town)	State
How long In above place of death?	City or town
Hospital, institution, or street address where weath occurred:	Street No.
V	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war.
3.(a) FUJL NAME	3. (b) Social Security Number
Manue C fellisor	d
4. Sex 5. Color or race 6.(a) Single, married, widowed, or avorced	MEDICAL CERTIFICATION
F C. Widowell	20, DATE OF DEATH Cololing 29 146 at 12:30P
11/2 1 . 0 . 0 fell it 0	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wite.	Caronelle Carl:
B. It alive, give ageyears	and that I last saw hall re on
7. Birth date of deceased (mo., day, yr. Tel. 14 1895	Immediate cause of death OURATION
8. AGE: Years Months Days Id less than one day	Ammendate cause of design
3/ 1/ 15hrsmin.	Coronary Ceelman 240.
7/12/01/11	
9. Birthplace (Sown, county, and state)	One to Pellip - falling is unti-
10. Usual occupation Laplese Wefe	
	Oue to
11. Industry or business	
12. Name. Level Cushes 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Clathapleius 15. dirtholage Virgeleya	Major fiadings of operations
5 15 Alithology Vind less	Patrick on
What G Cal James	
16. Informage	Antopsy results
Address Thew army, no	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
17 Busice Date thereof 1/01/2 4	Accident, suicide, or homicide
(During cremation, or removal, Which?) (month) (day) (year)	Accident suisact of removed
Cemetery or crematory	Where did injury occur?
Location house of the Tuck	Injured at home, farm, industry, public place (where?)
P/ 16 () -11-	Means of injury Injured at work?
1B. Funeral director	1. 14 00000 1 1000
Address Duckow, Hex	23 SIGNATURE WILLY STELLY M. S.
11/1/46 monthemm	M. D. or other
19. (Date reo'd by registrar) Registrar	HAddress Jana Cf. Cl. Bate-signed 10/29/46.

Jant.
3400

95 97 bl

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-0)

CERTIFICATE OF DEATH

... Date signed

1. PLACE OF DEATH: County Baltimore Cub-Hill	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	state Maryland County Cub-Hill	
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore (1f outside city or town limits, write RURAL and give nearest town)	
How long In above place of death?		
Hospital, Institution, or street address where death occurred: Cub Hill, R.F.D.#6- Route #4	Street No. Cub Hill, R.F.D. #6, Route#4	
How long In hospital or tnstitulion?	2.(a) If veteran, name war	
3.(a) FULL NAME	3. (b) Social Security Number	
Daisy Irene Posey	J. (v) Docum Decurry Tramber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white mariied	20. DATE DF DEATH October 21st, 19.46 21 405 Am	
6.(b) Name of husband or wife Joseph S. Posey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
G (e) If all valering and warre	aug 14 1935 to oct 2/ 1946	
7. Birth date of deceased (mo., day, yr.) Feb. 25, 1884	and that I last saw h la alive on ort 21	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION 15 pross	
62 7 25hrsmin.	attendente condemical Il/1964	
	Due to deresse	
(Town, county, and state)		
10. Usual occupation at home	Due to	
11. Industry or business		
Brice B. Du Val 13. Birthplace Md.	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Malden name Janie C. ? 15. Birthplace Md.	Major fieldings of operationa.	
Md.	Date of op.	
16. Informant Mr. Joseph S. Posey	Autopsy results	
Address Cub-Hill, R.F.D.6 Route 4	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill to the following;	
17. Burial (Burial, cremation, or removal, Which?) Date thereof 10/24/46 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Dlan Have	Where did injury occur?	
Location Baltimore County	Injured at home, farm, industry, public place (where?)	
18. Funeral director Leonard J. Ruck	Meens of Injury Injured at work?	
Address 5305 Harford Road-14-	Alleri ho	
	23. SIGNATURE M. D. or other	
19. 10 22 19. 4 6. A. W. Hellich (Date/ee'd by registrar) Registrar	Address 62/7 Harford Rd Date signed 0/2/1/4	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

The correct age

STATE OF MARYLAND—CERTIFICATE OF DEATH

	E	
N	P	1
14	n	,
	THE PERSON NAMED IN	M

state pluods PHYSICIANS statement Exact PERMANENT CTL × B certificate. properly stated may should that instructions supplied. plain terms, be carefully plnods

RESERVED

1. PLACE OF DEATH

important.

mation

Registration Dist. No. 32 County Baltimore Fusting Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number) yrs ______ds. How long In U.S. if of foralgn birth? _____yrs. _____mos. _____ds, Length of residence in city or town where death occurred... Carrie Long Price If U. S. Veteran, specify WAR. Workers ter 2. FULL NAME (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) October 19 female white widowed (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of James S. Price 6. DATE OF BIRTH (month, day, and year) June 25, 1867 to have occurred on the date stated above, et 8:00 /- m 7. AGE Months Davs If LESS than 1 day, ____ hrs. 79 The PRINCIPAL CAUSE OF DEATH and related causes of importance 3 24 or min. 8. Trade, profassion, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc._____ 11. Total tima (years) 1D. Date dacaasad last worked at this occupation (month and spent in this occupation ___ 12. BIRTHPLACE (city or town) Somerset Count (State or country) 13. NAME Edwin Miles Long 14. BIRTHPLACE (city or town) Some rset County (State or country) What test confirmed diagnosis? Cleured Was there an autopsy? MOTHER 15. MAIDEN NAME Emily Hawkes 23. If death was due to external causes (VIDLENCE) fill in also the following: 16. BIRTHPLACE (city or town)---Vermont Accident, suicide, or homicide? (State or country) Where did injury occur?____ (Specify city or town, county and State)
Spacify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE, Jay S. Price (Address) Garrison Rd.. CAUSE OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of Injury. 24. Was disease or injury in any way related to occupation of decaased? (Addrass 1900) if so, spacify.

Date of onset

Registrar.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis 9 2 2016	3 days ago
		IN.1 && 1940	
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

H) MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death chearly and legibly.

PLEASE.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 169

CERTIFICATE OF DEATH

09798 Reg. Diat. No. 22

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Viola L Ray	3. (v) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorces 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
deceased (mo., day, yr.) alee 23. 1909	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day 36 / 6	Due to
18. Informant Ivan Wohler	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 200 Sulffur For Sulf Sulf Sulf Sulf Sulf Sulf Sulf Sulf	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Where did injury occur? (City or town) Injured af home, farm, industry, public place (where?) Means of injury Injured at work?
19. Mal San	Address 010 Leads an Date signer 0 +3-46



THE PARTY OF THE PROPERTY OF THE PARTY OF TH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	State Maryland Count Salumore	
(If outside city or town limits, write RURAL and give nearest town)	(((oriver on)	
How long In above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	Street No. 105 La Vail Lane	
100 La Sary Larro	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) If veferan, name war	
3. (a) FULL NAME Harry Edgar	addish 3. (b) Social Security Number	
1 Sex 5. Color or race S.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 19.46. at 4/3 M	
6.(6) Name of husband or wife.		
7. Birth date of	ears and that I last saw h. Line alive on G. 154.	
deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION	
10 2 Hhrsmin.	Jean Jean	
9. Birthplace (Town, county, and state)	Due to atoia Selectic hanteliese years	
1D. Usual occupation superson of the superson su	Tresto Onte: . s. a general years.	
12. Name	Dther conditions	
14. Maiden nemet Mksumm Atudson	(Include pregnancy within 3 months of death) Major findings of operations	
15. Birthplage	Date of op.	
16. Informant Works In the Common of the Com	Autopsy results	
Address 520% Walther 12tud	PHYSICIAN: Ptease underline the cause to which death should be charged statistically.	
(Burial, cremation, or rymoval, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
in the second second		
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)	
Location Salfu MANDO	Injured af home, farm, Industry, public place (where?)	
18. Funeral director.	Means of Injury Injured at work?	
Address 12/12 Toul	23. SIGNATURE M. D. or other	
19. (0/29 19. 19. 46 H. W. Hellich Registrar)	Address 20 E. Day by St. Date signed (O. 1.2 My.)	

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH correct age is especially important. VS A15

VS 150

	E OF DEATH 3	- F 0
1. PLACE OF DEATH: (a) Belimore City, Maryland Jone Structus (We) (b) Street address 1333 Hevelus (We) (c) Hospital or institution:	2. USUAL RESIDENCE OF DECEASED: (a) State ML (b) County Balto (c) City or town Anbutus	
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No. 323 Street No. (11 country) (e) Citizen of foreign country? If yes, name country.	(Yes or No)
3 (a) FULL NAME Ida Estata. Renobar	v and the second	
3 (b) If veteran, name war No. No. 4. Sex 5. Color or race divorced. Married 6 (b) Name of husband Finderick Renshaur	20. DATE OF DEATH (Solve 13 1946). 21. I certify that death occurred on the date above state ed deceased from 1946, to 00/00/00 and that I last saw here alive on 00/00/00 [1946].	her13 1946
6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr. Dec. 15 1879 8. AGE: Years Months Days If less than one day	Immediate cause of death.	15 days
9. Birthplace Jacobaty, and state) 10. Usual Occupation Ct Afonce 11. Industry or business	Due to Legentralive Moiase Due to Other Conditions Aufletions Arthritis	Jan 1916
12. Name George W. Heath 13. Birthplace Md. 14. Maiden Namellary Ann Robertson 15. Birthplace Md.	(Include pregnancy within 3 months of death) Date of operation: Major findings of operation:	cause to which death should be charged statis-
16 (a) Informant Frederick Reushaw	of autopsy: tienlly. 22. If death was due to external causes, fill in the following:	
(b) Address 323 Stevens Aug - Arbertus 17 (a) Surial (b) Date thereof (month) (day) (year)	(a) Accident, suicide, or homicide	tM
Location Tarstriville Md. 18 (a) Funeral director William Cook Suc.	(d) Did injury occur about home, on farm, industrial place?	place, in public
(b) Address (27) Sty Paul II. 19 (a) / 0 / 1 # / (b) (b) Alw Heliul (Date/cc'd by registrar)	(e) Means of injury Level Pano, M. 23. Signature Level Pano, M. Address 4001 Wilkins CWY Date sign	M. D. ned 10-1346

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

--

Reg. Dist. No. 133

CERTIFICAT	IE OF DEATH Reg. Dist. No. 1	20
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	,
(If outside city or town limits, write RURAL and give nearest town)	State County Cou	*************************
How long In above place of death?	(If outside tity or town limits, write RURAL and give near	
	(If rurat, give LOCATION)	Marie
How long in hospital or instillution?	2.(a) If veteran, name war	
3. (a) FULL NAME	M Pepple 3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed or divorced	MEDICAL CERTIFICATION	30
G W.	2D. DATE OF DEATH 10 - 19 46	all A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decer	ased from
7. Birth dale of deceased (mo., day, yr.)	and that I last saw halive on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
8Fmin.	Branker breumania	3 days
a Blithelass Mary Cary	Due to.	
9. Birthplace (Town, eounty, and state)		
10. Usual occupation	Due to.	*
11. Industry or business	A. A.	
12. Name Cenny Genders 13. Birthplace	Other conditions lumm physicalder	2 2001
	(Include pregnancy within months of death)	
14. Malden name 77 of 7 / Su ouv		
5 15. Birthplage	Major findings of operations	
16. Informant Try Edina & Murpley	Antopsy results.	
Address 103 Dos ente and	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
0 '0 '0 '11'	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or removal Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury occur?	(State)
Location O Joseph Lyn 911K	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Singe 1a Harley	Means of Injury Injured at work?	-
Address Fulkon and Fay elle	Ald Home	ther
10 00 00 8/ 10/0//11/11/11/11	23. SIGNATURE M. D.	or other
(Date ree'd by registrar) (Date ree'd by registrar)	Address 4209 Hud are Date signed!	10-21-46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore joy

09802 Rog. Diat. No.

County County	Balt	imore		(For newborn infants give residence of mother)	
	Cato	nsvill	CURAL and give nearest town)	state Maryland County	
/	leath?	ars., 1	month, 24 days	City or townBaltimore	
dow long in hospital or ins	titution?.6ye	ars, l	month, 24 days	2.(a) If veteran, name war.	V
3. (a) FULL NAME				3. (b) So	ocial Security Number
K	atherine	Kaise	rski Rohe		
	Cotor or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERTIFIC	ATION
f	W		married	20. DATE OF DEATH. October 27	19. 46. at 5:35 p.m
6.(b) Name of husband or v	Dan:	iel Al:	fonsus Rohe	21. I CERTIFY that death occurred on the date above stated; the	at I attended deceased from
o.(o) Name of Husbane of +	***************************************	6 (c) if alive, give age	19, to	19
7. Birth date of	May 6,	1002	-, it alled Bite age	and that I last saw halive on	1
deceased (mo., day, yr.) 8. AGE: Years	Months	Days	tf less than one day	Immediate cause of death	OURATION
53	5	21	hrsmin.	- 6 inculating Col	lake
11. Industry or business	home	ife	tute)	Due to. Due to. Due to. Other conditions Sudd	umis
13. Birthplace Po.				(Include pregnancy within 3 months of de-	Capperine
~	ulia Wic		C	Major fludings of operations.	
				Antoney results as alver	
	*		. (Catonsville)	PHYSICIAN: Please underline the cause to which death sh	
17 Burial (Burial, cremation, of	removal, Which?	Date ther	eof 10/30/46 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide	Date of
Cemetery or crematory	new !	ach	ectraf	Where did injury occur?(City or town) ((County) (State)
Location 3900	old Fre	Levis	k Rf	injured at home, farm, industry, public place (where?)	
18. Funeral director	My St	Wi	5 Be	Means of injury topic	ared at work?
Address 4/10			on are	23. SIGNATURE DESTRICTION OF THE STATE OF TH	Le Elan Bell
19;	9 FL	0	Registrar Registrar	1012 Lords box	M. D. or other 28 44

09803

2411 N. Charles St., Baltimore (32) CERTIFICATE OF DEATH

			3	2
Reg.	Diat.	No.		2

1. JACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State		
How long in above place of death?	City or town		
Hospitat, institution, or street address where death occurred:	Street No. 3306 Shellburne Rd.		
Augsburg Home - Campfield Rd.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME CATHARINE D. SCHIMPF	3. (b) Social Security Number none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH		
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I oftended deceased from		
7. Birth date of	and thet I last saw h. & F. alive on GT . 20 th - 19 46		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
0. Adl.	1) - arterio - Scherolin		
	Heart Disease - 5 yrs		
9. Birthplace	Due 10		
School Teacher			
10. Usual occupation	Due to Jeneralyza arlens		
11, Industry or business Retired	- Selenano 10 gra		
E 12. Name. Unknown	Dther conditions		
₹ 13. Birthplace	(luclude pregnancy within 8 months of death)		
Unknown 14. Malden name			
O Siribajasa	Major liudiugs of operatious.		
Records of Augsburg Home	Date of op		
1B, Informant	Autopsy results		
Address Campfield Rd., Balto. Co., Md.			
Burial 10/25/46 [Burial, cremation, or removal. Which?] Date thereof (month) (day) (year)	Accident, suicide, or homicide		
St. Pauls Cem.			
Cemetery or crematory	Where did injury occur?		
Violetville, Md.	Injured at home, farm, industry, public place (where?)		
18. Funeral director. WM. J. TICKNER & SONS	Means of Injury Injured at work?		
balto. Md.			
Address	23, SIGNATURE Tail d. Chambers M. D. or other		
19. 10/24 19 46 a. 21. Hedre	HIDE block Ht - Canada signed (10 / 244)		

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death cleary and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

09804 No. West

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County O Of Manage	State Maryland County of the Sturial
(If patside city or town limits, write RURAL and give nearest town)	City or tone Lynch Point (Balto, City 19)
How long in above place of death Associated the Hospital, institution, or street address where death occurred:	Of outside city or town limits, write RURAL and give morest town)
Mospilal, Institution, or Street Address where death decembed.	Street No. 3. O. T. (If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
andrew 4. Decke	no 2 2 muro 213-09-3368
4. Sex 5. Color or race 6.(a) Single, married, widdwed, or divorced	MEDICAL CERTIFICATION
male Mite married	20. DATE OF DEATH OF tobe 18, 19 46 at 3:20 M
6, (b) Name of husband or with suise H. Seckeno-Dymuro	21. I CERTIFY that death occurred grane date above stated; that I atlanged deceased from
(nee mc anald) . S. (c) If allve, give age 4 50 years	June 1: 19 16 19 18-19 16
9. Birth date of deceased (mo., day, yr.)	and that last saw h and alive on 19.7
8. AGE: Years Months Days If less than one day	Imhediate gluse of deaths.
51 9hrsmin.	with mital adas ats.
9. Birthplace Pittsburg, Oa.	Que to Offormal lymphnords
(Town, granty, and state)	ile of the
10. Usual occupation de la production de	Que to Corners faceur
11. Industry er busines le Challen Greek of . ()	m
12. Name of soil deckers 13. Birikplace Bahania	Other conditions
	(Include pregnapts) within 8 months of death)
14. Maiden name Mary Paterns &	Major harings of operations for the man from mou
	(Wife) Costony Date d'op play 7
16. Informan Mrs. Louis of Steephine - James	Autopsy results
Address 3004 Ritchia are, Jynch Pt. balto Gyl	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal. Which?) (month) (dy) (year)	Accident, suicide, or homicide
Cemetery or cremator Dak Suum Clinatery	Where did injury occur?
Location Baltimore Bounty, md.	tnjured at home, farm, Industry, public place (where?)
18. Funeral directo A Boward Evans	Means of Injury Injured at work?
111.000 a 11.6 A 14 20 led	To I how
Address 4008 Offente per Colle 30 Mar	23. SIGNATURE Shows do M. D. or other
19. (b) Go'd by registrar) Registrar	addres of Jarring Jones, m. d. Date signed 1946

OCT 22 1946

MARGIN RESERVED FOR BINDING

Dr. Skiorsky 1500 N. Ellwood Avenue

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2000	
(31-a)	
U31-721	
6.160	

09805 0

/			CERTIFICAT	FE OF DEATH Reg. Dist. No	TPO
1. PLACE OF DEATH: County Baltimore City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Philadelphia & Chesaco Avenue How long in hospital or institution? 3. (a) FULL NAME Annie S. Seling				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland county. Baltimore City or town. Baltimore (If outside city or town limits, write RURAL and give near Street No. Philadelphia & Chesco. Ave. (If rural, give LOCATION) 2.(a) If veteran, name war.	est town)
4. Sex	1 5. Color or race		o, married, widowed, or divorced	MEDICAL CERTIFICATION	
female			widowed	2D. DATE OF DEATH October 6th, 19.46	
The second second			her F. Seling	21. I CERTIFY that death occurred on the date above stated; that lattended decean	19.46
7. Birth date of	0 1	13, 18	e) if aliva, give ageyears	and that Tast saw be allve on act	19. E. L
deceased (mo., day, y		Days	If less than one day	Immediate cause of death Scheroles conder	DURATION
93	11	23	hrs min.	vicular sent desert	
9. Birthplace	Baltimor	e Ma	ryland (tate)	Due to	***************************************
10. Usuat occupation				Due to	
11. Industry or busines				f of	S D
12. NameJ	Ohn Kimm	aell		Diher conditions banched freumana	7
	Gern			(Include pregnancy within 8 months of death)	
14. Malden name.	Mago	lelena	?	Major findings of operations.	
15. Birthplace	Ger	many		major nacings of operations	
16. Informant			,	Autopsy results	
Address				22. VIOLENCE: tf death was due to external causes, fill in the following;	
17 Buria (Burial, cremation	1	Date ther	eof 19/9/46 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation	or removal. Which	Peda			• • • • • • • • • • • • • • • • • • • •
Cemetery or cremate				Where did injury occur? (City or town) (County)	(State)
Location			***************************************	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	Leonar	d J.	Ruck	Means of Injury Injured at work?	//
Address	5305 H	Harfor	d Road -14-	23. SIGNATURE Celler A. Jukonst	27
19. O - (Date rec'd by re	ngistrar)	1 6	Occa Hall	M. D. o	1177/2/2/

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Every item (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. mos.____ds. How long in U.S. if of foreign birth?____ statement 2. FULL NAME RECORD. (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATE OR DIVORCED (write the word) PERMANENT Widomes 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Days to have occurred on the date stated above. 1 day,hrs 3 or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc on 10. Date deceased last worked at 11. Totel time (years) this occupetion (month end spent in this that occupation __ instructions 12. BIRTHPLACE (city or town). (State or country) plain terms. HER 13. NAME FAT 14. BIRTHPLACE (city or town) Name of operation. (State or country) Whet test confirmed diagnosis?___ MOTHER 15. MAIDEN NAME important DEATH 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation LION Nature of injury. 19. UNDERTAKER (Address) If so, specify

ERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of enset Was there an autopsy? 23, If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 24. Was disaase or injury in any wey related to occupation of deceased:

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
21770720000070000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

A15 VS.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

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Reg. Dist. No ...

CERTII IOII	0.0	0117
1. PLACE OF DEATH:  (a) County  (b) City or town  (If outside city or town limits, write RURAL and give town)  (c) Street address, hospital, or institution:	2. HOME (USUAL RESIDENCE) OF DECEASED:  (a) State  (b) County  (c) City or town  (If outside city or town limits, write RURAL and	nd give town)
(d) Length of stay in hospital or inst. (yrs., mos., or days)(e) Length of stay in this community (yrs., mos., or days)	(d) Street No(If rural give location)  (e) If foreign born, how long in U. S. A.?	
3 (a) FULL NAME Vera Smick	) (b) It foldigit bottly now long in O. B. 71.7	years
3 (b) If veteran, name war    3 (c) Social Security   No.   4. Sex   5. Color or face   6 (a) Single, married, widowed, or	MEDICAL CERTIFICATION  20. Date of death 1942, at	
6 (b) Name of husband as wife / funty smill	21. I certify that death occurred on the date above stated; ed deceased from January 1977, to Deb	that lattend-
7. Birth date of deceased (mo., day, yr.) May 34 21865	Immediate gause of death	Duration
8. AGE: Years Months Days If less than one day hrhrmin.	Due to	
9. Birthplace	Other conditions	PHYSICIAN
11. Industry or business  12. Name  13. Birthplace	(Include pregnancy within 3 months of death)  Major findings:  Of operations  Of autopsy	Underline the cause to which death should be charged statisti-
14. Maiden Name Musika Durice  15. Birthplace  16 (a) Informant Musika Shumul	22. If death was due to external causes, fill in the follow (a) Accident, suicide, or homicide	
(b) Address  17 (a) Survey  (Burlal, cremation, or removal)  (Compared to the control of the con	(c) Where did injury occur?  (City or town) (County)  (d) Did injury occur about home, on farm, industrial pl	(State) ace, in public
(c) Cemetery or crematory of was worked.  Location Address (b) Address (c) Add	place?While at work?  (c) Means of injury	Xu.s
(b) Address 700 & 27 446 (b) Q. W. Hedrick  19 (a) 10/9/46 (b) Q. W. Hedrick  Registrer	23. Signature M. D. or	

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

# CERTIFICATE OF DEATH

Reg. Diat. No...

City or town	Alto. Debville outside city or town li e of death?	mits, write Ri death occurred: V & •	JRAL and give neerest town)	2. USUAL RESIDENCE (HO (For newborn infants give re Md • State	County  11e  town limits, wr  1d Avea	Bal	erest town)
3. (a) FULL NAM	lE	γ	WALTER J. SMITH			3. (b) Social Security	Number
4. Set	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDIO	CAL CER	<b>FIFICATION</b>	
Male	White		Widower	20. DATE OF DEATH Oct.	7.	19 46	, atM
	yr.) March		tte. V. Smith  It allve, give ageyears  385  If less than one day	Immediate cause of death	Oct	10 OEN 7	1976
61	6	6	hrs min.	caed		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
		county, and at	ate)	Due to		ha	120:
11. Industry or busine	188			Due to.		•••••••	
12. Name		Smith ngton,	Del.	Other conditions			••
		е М		(Include pregnancy			,
	dr. William	G. Smi	thArbutus	Autopsy results		***************************************	
11Remov	n, or removal. Which?	Date there	ot 10/10/46 (month) (day) (year)	22. VIOLENCE: tt death was due to a Accident, suicide, or homicide	*******************	Date of	
			Pa.	injured at home, farm, todustry, public			
18. Funerat director	דים ד ואתור			Means of injury		Injured at work?	
Address	Balto. M	1	W. Hedreck	23. SIGNATURE SU Address / 2 0 2 S-4	Mo	M. D.	or other /0/7/4//

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

# CERTIFICATE OF DEATH

Reg. Diat. No. 81351

1. PLACE OF DEATH: Rolls	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Tuel County
(If outside city or town limits, write RURAL and give nearest town)	DIT
How long in above place of death? 36 Lees	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital institution, or street address where death occurred:	Street No. 2653 Frederick are
Spring June State Holy	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Somerie Mary of	mither 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or Tvorced	MEDIÇAL CERTIFICATION
7 W married	20. DATE OF DEATH October 11 19.46 .3 a
5.(6) Name of husband or wife Bryd & Smither	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A (a) If allow also are	
7, Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate couse of death
8. AGE: Years Months Days If less than one day	hyphostatic neurona
45 6 24hrs.	min.
Balto	Due to
9. Birthplace (Yown, county, and state)	
10. Usual occupation Amediation	. Couds Truscular disease
11. Industry or business	Due 10
KI Ne 1 Proides	n. dden dealt
12. Name	Other conditions
13. Birthplace	(Include pregnancy within 3 months of death)
# 14. Maiden name Leve	Major findings of operations
14. Maiden name Tena Solute Ping  15. Birthplace Ind	major naciogs of operations
13. Willipiace	
16. Informant	Autopsy results
Address spring mm stale Hory.	22. VIOLENCE: If death was due to exiernal causes, fill in the following:
17 Bustial / Baje thereof 10/14/46	Accident suicide or homicide
(Burini, oremetion, or econoval. White!)  Daie thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or orematory Calky dral	Where did injury occur?(City or town) (County) (State)
Location Balto. Md.	Injured at home, farm, industry, public place (where?)
(11:00° Cark ) -	Meens of tnjury Injured at work?
18. Funeral director Welkiam Cool Suc.	a O 11 1 Noe Billes
Address 1217 St. Paul of Baltan	signature de Michael Wan Ball
m/12- UL Well. del.	M. D. or other
19. (Cote red day registrar)	strar Address / 0/0 deed an Date signed 0-11-4

# CERTIFICATE OF DEATH

() (	181	130	1
eg. Diat.	No		

1. PLACE OF DEATH: Baltimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County			State Md. County Balti mere		
(If outside city or	town limits, write	RURAL and give nearest town)	City or town Catensville		
How long in above place of death? Hospital, institution, or street address Catensville Nu	s where death occurr	me,315 Inglesid	City or town (If outside city or town limits, write RURAL and give nea Street to (If rurat, give LOCATION)	rest town)	
			2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security	Number	
Edwa	rd 0. H.	Spamer			
4. Sex Ma Le 5. Cotor or W.		le, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. Oct. 3/46.	. at	
6.(b) Name of husband or wife.	lia H. S	pamer	21. I CERTIFY that death occurred on the date above stated; that I attended dece	ased from	
		(c) If alive, give ageyears	Sept 15 1946 to Oct 3	19.46	
7. 8irth date of deceased (mo., day, yr., Marc			and that I last saw h alive on Get 3	1946	
8. AGE: Years Months		If less than one day	Immediate cause of death.	DURATION	
79 6	23	hrs. min.	Chomic cardiorasular	7	
Maryl	and		Due to artischer ?		
9. Birthplace	(Town, county, and	state)	Due to.		
10. Usual occupation Retir	ed		Due fo.		
11. Industry or business					
12. Name	Spamer		Other conditions	***************************************	
13. Birthplace	Unknow	n			
14. Maiden name	Unknow		(Include pregnancy within 3 months of deeth)		
14. Malden name	Unknew	X	Major findings of operations.		
Mr. P.Aug	ust Gril	1	Date of op.		
16. Informant			Autopsy results.  PHYSICIAN: Please nuderline the cause to which death should he charged		
Address 613 Rese	dale St.		22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial (Burial, cremation, or removal.	Date the	reof Oct. 7/46 (month) (day) (year)	Accident, suicide, or homicide		
Loui	den Park		Where did Injury occur? (City or town) (County)		
Cemetery of crematory	l Freder	***************************************			
Location	1		Injured at home, farm, industry, public place (where?)		
18. Funeral director	rry H.	wiffle.	Moans of injury injured at work?		
Address 4101	Edmondse	n "ve	Lean B Nichard Mass	- 3/ -	
16/7/41	C	O. W. Hedrick	23. SIGNATURE M. D	or other	

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correst age is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



## CERTIFICATE OF DEATH

09819 44 Reg. Diat. No. 44

1. PLACE OF DEATH: County Baltimore City or town Midgleborough (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
4. Sex   5. Color or race   5. (a) Singly married, widowed, or divorced   White Widowed	3. (b) Social Security Number  214-03-6387  MEDICAL CERTIFICATION  20. DATE OF DEATH. October 10. 19.46, at 8.50 M
8.(b) Name of husband or wife Emelia Spence  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) July 7, 1884  8. AGE: Years   Months   Days   If less than one day	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from  10. 19. 46.  and that last saw h. 11. 20. 19. 46.  Immediate cause of death. DURATION
62 3 3hrs. min.  9. Birthplace	Due to. Osteriorelerorio 10 stago
11. Industry or business Standard Oil Co.    Industry or business Standard Oil Co.   John Spence   Ind	Other conditions
18. Informant George Spence  Address Box 301 Nanticoke Rd. Middleborot  17. Burial (Burial, cremation, or removal. Which?)  Cemetery or crematory  Location  18. Funeral director  Address 2024 Orleans St.  19. Lat. / Lat	Antopsy results

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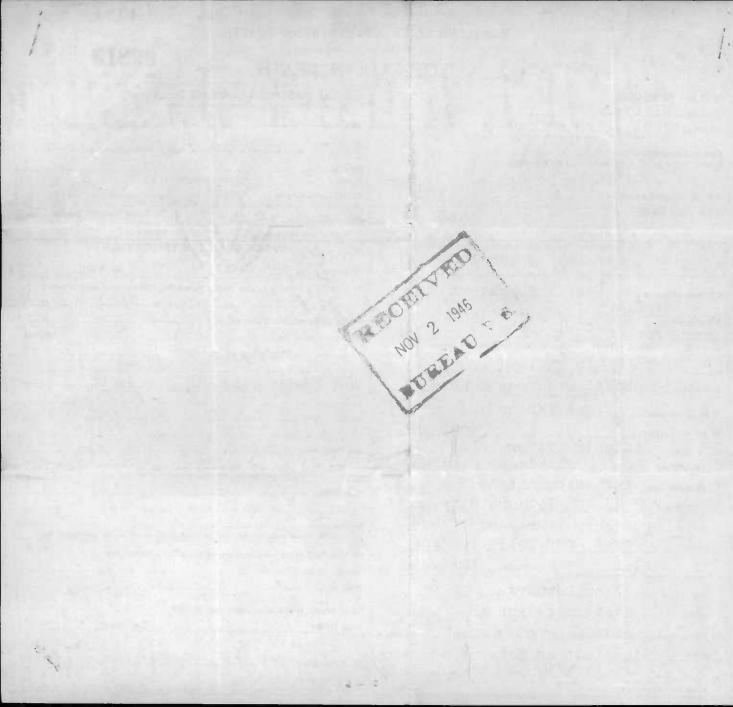


#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45%)

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Reg.	D	0	N.	0	4	0
Itek.		inc.	14	U	(y	

1. PLACE OF DEATH:  County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City of towa Fullerton P O Md (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town AS in No 1 (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
East Joppa Road	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war		
3. (a) FULL NAME SRAVER	3. (b) Social Security Number		
	212-16-8124		
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married			
	20. DATE OF DEATH Oct. 2272 19 46 21/23 PM		
6.(b) Nams of husband or wife Bertha H Sraver	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
5.(c) If alive, give age years	Oct / 1045 10 Oct 22 1046		
7. Birth date of Dec 21 1883	and that I last eaw have alive on Oct 22 1946		
Deceased (mo., de), yr.)	Immediais Cause of death		
8. AGE: Yeare Months Days If less than one day	Toxemile /m		
62 10 1hrsmin.			
Baltimore County Md	Due to Caramina of Jonque 2 yes		
9. Birthplace Baltimore County Md (Town, county, and state)	Due to		
10. Usuat occupation Truck Farmer			
11. Industry or business	Due to		
	Other conditions		
3. Birthplace Baltimore City Md	(Include pregnancy within 3 months of death)		
14. Malden name Katherine Shipley	Major findings of operations.		
15. Birthplace Baltimore City Md			
	Date of op.		
10.1111	Antopsy results		
Address E Joppa Road Fullerton Md			
Burial 10/24/46	22. VIOLENCE: tt death was due to external causes, till in the following:		
17 Burial Date thereof LO/24/46 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Zion Lutheran	Where did injury occur?		
Location Stemmers Run Md	Injured at home, farm, Industry, public place (where?)		
	Misans of Injury Injured at work?		
18. Funeral director Jassahn Funeral Home	41 0 1		
Address ,7401 Belaix Rd Balto 6 Md	23 SIGNATURE LEV M. Gusmagnaner		
10/23/46 Vr materin th	23. SIGNATURE M. D. or other		
(Date rec'd by registrar)  Registrar	Address Bulto 6 mal Date signed 10-22-46		



9-45-15

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MARGIN RESERVED FOR BINDING		1	RESERV
4	3		ZIN
ARGIN	1		MARC
M	SALES CONTRACTOR OF STREET, ST	(	S

The		E OF DEATH 183	
should be carefully supplied.	1. PLACE OF DEATH:  (a) Baltimore City, Maryland  (b) Street address. L. & Eastern are Sosie his  (c) Hospital or institution:  (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED:  (a) State (b) County  (c) City or town Selficione  (If outside city or town limits, write RURAL and give town  (d) Street No. 2.1.2.0 Combonity Selfice (If rural give location)  (e) Citizen of foreign country? (Yes or No. 1f yes, name country)	
UNFADING INK. Every item of information shou Physicians: please write the causes of death clearly	3 (b) If veteran, name was  3 (c) Social Security Account No. 212-12-6260  4. Sex  5. Color or race 6 (a) Single, married, widowed, or divorced.  6 (b) Name of husband or wife  6 (c) If alive, give age  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day  6 (a) Single, married, widowed, or divorced.  11. Industry or business  12. Name  13 (c) Social Security Account No. 212-12-6260  (a) Single, married, widowed, or divorced.  14. Industry or business  15. Color or race of (a) Single, married, widowed, or divorced.  16 (a) Single, married, widowed, or divorced.  17 (c) Social Security Account No. 212-12-6260  18 (a) Single, married, widowed, or divorced.  18 (b) Name of husband or wife  19 (c) If alive, give age  19 (c) Fallon  10 (c) Social Security Account No. 212-12-6260  10 (c) If alive, give age  10 (c) Fallon  10 (c) Social Security Account No. 212-12-6260  10 (c) If alive, give age  17 (c) Fallon  18 (c) Social Security Account No. 212-12-6260  10 (c) If alive, give age  18 (c) Social Security Account No. 212-12-6260  10 (c) If alive, give age  19 (c) If alive, give age  10 (c) If alive, give age  11 (c) If alive, give age  12 (c) If alive, give age  12 (c) If alive, give age  13 (c) If alive, give age  14 (c) If alive, give age  15 (c) If alive, give age  16 (c) If alive, give age  17 (c) If alive, give age  18 (c) If alive, give	MEDICAL CERTIFICATION  20. DATE OF DEATH	
PLEASE WRITE PLAINLY, WITH UNF correct age is especially important. Phys	13. Birthplace  14. Maiden Name  15. Birthplace  16 (a) Informan Mrs. Collet andria Screttroch  (b) Address 2/20 Cambridge St.  17 (a) Bural (b) Date thereof 10-31-46.  (Burial, cremation, or removal) (month) (day) (year)  (c) Cemetery or crematory Holy Cross  Location AA County Brooklyn  18 (a) Funeral director Lease a Weller  (b) Address 70.5 S A Weller  19 (a) Date receiver resistant A A County Holy County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A A County Steelers  19 (a) Date receiver resistant A County S	Other Conditions  (Include pregnancy within 3 months of death)  22. If an external cause was primary  or contributing cause of death, fill in the following:  (a) Date of injury	

2411 N. Charles St., Baltimore

#### (31-2) CERTIFICATE OF DEATH

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	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore  City or town. Fort Howard (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? 189 Days	State Maryland County Hagerstown (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:  Vets. Adm. Hospital, Ft. Howard, Maryland  How long in hospital or institution? 189 Days	Sireet No. 60 West North Street (If rural, give LOCATION)  2.(a) If veleran, name war. WW-I
3. (a) FULL NAME	3. (b) Social Security Number
JEROME S. STEWART	
Male   5. Color or race   B.(a)Single, married, widowed, or divorced   Widowed	MEDICAL CERTIFICATION  2D. DATE OF DEATH. October 18, 19 46 at 12:10 Au
6.(b) Name of hystrate of wife Widowed 5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.)  5-25-92	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 12, 19.46, to October 18, 1946 and that I last saw h im alive on October 18, 1946
8. AGE: Years Months Days If less than one day 54 4 23hrsmin.	Squamous cell carcinoma of penis with wide spread infiltration into
9. Birihplace	xxx tissue surrounding inguinal nodes
12. Name Russell Stewart 13. Birtholace Virginia	Diher conditions Cachexia 6 months
14. Malden name Ida Dixon Virginia  15. Birthplace	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Registrar's Office, Clin. Records Vets. Adm. Hosp., Ft. Howard, Md.	Autopsy results
Address  17. (Burial, cremation, or removal, Which?)  Cemetery or crematory. (manth) (day) (year)	22. VIOLENCE: if death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Baltimore ma.  18. Funeral director harles A- Daws	Injured al home, farm, industry, public place (where?)
Address 802 Madison ane.	RL. Robert M. Cellison  23. SIGNATURE R. M. CLIN, DIRECTOR  M. D. or other
19. (Date/rec'd byregistra)  (Date/rec'd byregistra)	Address VAH FT. HOTARD, MD. Date signed 10-19-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 374

09815 Reg. Diat. No. 43

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants, we residence of mother)
City or owner follower form	State Mary County Q nollinae
(If outside city or fown lithits, write RURAL and give nearest town)  How long in above place of death? Aland 10 40	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 403 Palasses avenue
How long in hospital or institution?	2.(a) If veteran, name war Araba Mar
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Cody or race 6.(a) Single, married, widowed, waisefeed	MEDICAL CERTIFICATION  20. DATE OF DEATH TOUS 12.4 19.4 6 21 1.25
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceases from
7. Birth date of Service Servi	and that I last saw h MM alive on OF 11-
8. AGE: Years Months Days If less than one day	Immediate cause of death warmed DURATION 3 Days
9. Birthplace (Town, county, and state)  10. Usual occupation (County) (County)  11. Usual occupation (County)	Due to Caronina d'une 1/2 yr
11. Industry or business  12. Name  13. Birthblace	Other conditions
14. Malden name Annie Etchs  15. Birthplace	(tinclude pregnancy within 3 months of death)  Msjor findings of operations. Carcuratus of June 14, 14, 14, 14, 14, 14, 14, 14, 14, 14,
16. Informant Miss. Elizabeth Modulation	Autopsy results
17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory flu Taltoona Ben	Where did injury occur? (City or town) (County) (State)
Location 9 Dallingone 1 1111	Injured at home, farm, industry, public place (where?)
18. Funeral director of Charles At Botto 30, W	Means of Injury Injured at work?
19. (O) 14. (Date world by registrar)	23. SIGNATURE 1. A. D. or other 3/4

9.30 100 Con time



#### MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore	1
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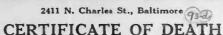
# 2411 N. Charles St., Baltimore (97) CERTIFICATE OF DEATH

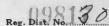
Reg. Diat. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Beakleysielle	State Manyland County Ballinors
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospilal, Insiliution, or street address where death courred:	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Yora & Talbott	3. (b) Social Security Number
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
H W W.	20. DATE OF DEATH Oct . 26, 1946 at 2 P. M
6.(b) Name of husband or wife. Frank V Talbatt  7. Birth date of deceased (mo., day, yr.) and the deceased (mo., day, yr.) are deceased (mo., day, yr.) and the deceased (mo., day, yr.) are deceased (mo., day, yr.) and the deceased (mo., day, yr.) are deceased (mo., day, yr.) and the deceased (mo., day, yr.) are deceased	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.46, Sept. 26, 18.46  and that I last saw h
9. Birthplace(Town, county and state)	Due to Tall Cutting Sales
10. Usual occupation	Due to
11. Industry or business  12. Name Of success W Gors  13. Birthplace Many Carel  14. Maiden name Mary & L. Shaves  15. Birthplace Many Level	Other conditions
18. Informant Spences For	Autopsy results
Address  17. But Date thereof (month) (day) (year)  (Burlai, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Control of the Locati	Injured at home, farm, Industry, public place (where?)
18. Funeral director & deo & Justina 70.	Means of Injury Injured all work?
Address Hampstead Md	23 SIGNATURE M. D. or other
19. Oct do (Date rec'd by registrar)	Agrees Confested Med Date signed 0/27/46



#### MARYLAND STATE DEPARTMENT OF HEALTH





			Atog. Diaco Morning
1. PLACE OF DEATH:	1.9	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of 1	F DECEASED:
CountyBaltimore			
City or town. Catonsville (If outside city or town limits, write RURAL and give nearest town)		***	
	ife	City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)	
Mospital, institution, or street address who	ere death occurred:	Street Ho 109 Shadynook I	
		(If rural, give	LOCATION)
How long in hospital or institution?	0	2.(a) If veteran, name war	
3. (a) FULL NAME	$\wedge$		3. (b) Social Security Number
tar	illiam J. Teipe		
4. Sex   5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
	/	1 +	1 1-11
mzale white	divorced	2D. DATE OF DEATH.	1 30 19 4 6 , 21 3 P
8.(b) Name of husband or wife	lem Buskrk	21. I CERTIFY that death occurred on the date abo	
		nare19	
7 Rieth date of		and that I last saw halive on	19
	Days I fless than one day	Immediate cause of death	DURATION
o. Adl.			
50 11	20 hrs	nin. Oownay or	elusin
9. Birthplace Balto	o Co, wn, county, and state)	Due to	
			y
1D. Usual occupation	evenue Depart.	Due to Carelo Vanc	ula disease
11. Industry or business			
H 12 Name Vim . J.	Teipe	Other conditions	Judden deals
less !	0. 00.		l an end
		(Include pregnancy within 8 r	
14. Maiden name Wilhe: 15. Birthplace Bal-	lmina Heffmah	Major findings of operations	
E 15. Birthplace Bal-	to Co		
16 Informant Austin W.	. Teipe	Autopsy results	
	Ave. & Frederick road	PHYSICIAN: Please underline the cause to wi	
		22. VIOLENCE: If death was due to external can	
17. burial (Burial, cremation, or removal. Whi	Date thereof Nov. 2. 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory Loudon Park Cemy.		Where did injury occur?(City or town)	(County) (State)
			here?)
Location A801 Frederick Aye		*****	Injured at work?
18. Funeral director Kuu	muchell Hour Suc.	Means of Injury	Mos J Me -
Address 1900 Eutaw P	1000	11 11	N: 11.
Address 1900 Edicam P	1 11 171. 00	23. SIGHATURE	M. D. or other
19. // —/ 19 4/4	5 Xury X Melle		(d) (d) 21
(Date rec'd by registrar)	( Resulty Regist	trar   Address	Date signed

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#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore 1646

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CERTIFICAT	E OF DEATH Reg. Diat. No.	0 0 04
City or fown	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State	
3.(a) FULL NAME Todd.	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, ondivorced  O. O	MEDICAL CERTIFICATION  20. DATE DF DEATH	2
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace (Town, county, and state)	and that I last saw h	DN
10. Usual occupation  11. Industry or business  12. Name	Due 10	
16. Informant M. Let B. Aing  Address 925 Sefandohn, Middle Herrer  17. Bullian or removal. Which?)  Date thereof. (month) (day) (year)	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of	16
Location  18. Funeral director Allego Atlants  Address 2024 Coleans Atlants  Only A Address A Ad	Where did injury occur? (City or town) (County) (State) Injured at tome, farm, industry, public place (where?) Meens of injury Mary and Mary Mary Mary Mary Mary Mary Mary Mary	
19. (Date rec'd by registrar) (Régistrar)	Addréss Date signed	.j

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57-6)

# CERTIFICATE OF DEATH

Reg. Dist. No. 39

1. PLACE OF DEATH!	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town (If outside city or town phits, write RIKAL and give nearest town)	State County County
How long in above place of death?	City or town (Soutside city or town limits, write RURAL and city restrect town)
Hospital, Institution, or street address where death occurred:	55-4 Somewhat Betting 21
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	
Stanley Faison 7	3. (b) Social Security Number
4. Sex / 5. Culor or race   6.(a) lings, married, widowed, or divorced	MEDICAL GERTIFICATION
May Wute Infant	
- your i wood i got more	20. DATE OF DEATH 19 14 A. M
6.(b) Nampof husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Selfo (10, 1946 6.(c) If elive, give age years	
7. Birth date of	and that I last saw halive on
deceased (mV., day, yr.)  8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
111	Spina bifida, congenital,
hrs. min.	likeway spline, with relunged protusing 27 hays
9. Birthplace Made Korn Baltimes (aunty)	Malnutrition 10 days
1D. Usual occupation (Bou Secous Horfitti)	Due to
11. Industry or business	
= 12 Name Stanly Nerman Trakb	Other conditions
12. Rame Stanley Nerman Justs 13. Rightglace Processes W. J.	
	(Include pregnancy within 3 months of death)
14. Maiden name edifficient Tausan	Major findings of operations
\$ 15. Birthplace Sharlotte 11-C-	Date of op.
16. Interment Fatter: Startey A. Traff	Antonsy results.
DV	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address Juberry, July	22. VIOLENCE: if death was due to externat causes, fill in the following;
(Burial, cremation, or remogal, Whight)  Date thereof (Marian) Aday) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Steller Bulls of the Miles	tnjured at home, farm, industry, public place (where?)
18. Funeral director John Burns Sous	Means of Injury Injured at work?
1 1 2.1	( & DA - UII / MIX DIE
Address / Jacon, M.M.	23. SIGNATURE ACCUMENT AUGM 149. LML.
19. Veb. 3 18 46 Unna Price	Address Towson Md Date signed 10/2/46
(Date rec'd by fegistrar) Registrar	Address Bate signed

Mr. Anna Pearce Price



#### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore (123)

	/		CERTIFICAT	E OF DEA	111	Reg. Diat. No	·
1. PLACE OF DE	ATH: _	0		2. USUAL RESIDE	ENCE (HOME)	OF DECEASED:	
County Mary	*222.5425244444	Salto	***************************************			County Amanda	/./
City or town	L'Ort	ioward,	Maryland URAL and give nearest town)				
How long in above place of death? 4 Days				City or town(if ou	INDADOLLS	its, write RURAL and give nea	rest town)
Vets. Adm. Hosp., Ft. Howard, Maryland				Street No. 16 N	ladison Str	eet	
/ vets. Adm	nosp., r	t, now	aro, marytano	1	(If rural, gi	ve LOCATION)	V
How long in hospital or		lys		2.(a) It veteran, name v	war NEW -1		
3.(a) FULL NAM	E Will	DRRTS M	CHENRY TROTT			3. (b) Social Security	
					-	212-16-696	3
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced			CERTIFICATION	
Male	White			20. DATE OF DEATH	October 23	3, 46	2:10 A
	" Div	orced	The Allina Makes				
6.(b) Name of husband	OI WING			October 1	L9 <b>,</b>	above stated; that I attended deces	19.46
7. Birth date of			c) It alive, give ageyears	and that I last saw h	im alive on Oc	tober 23,	19.46
deceased (mo., day, )			1 Id loss About and day				
8. AGE: Years	1	Days 7	If less than one day			•••••	
		1	hrs min.				
9. Birthplace	Maryland		-4-4-1			c Hypertrophy	l l
	Lahorer	, county, and	state)	Duzo	tion: Unknow	No aseq	•
10. Usual occupation	DEDOLGI		***************************************	Due to		z++++++	
11. Industry or busines		<u> </u>					95
		ττ		Other conditions	eri-rectai	abscess:	
The same of the sa				(Inclu	ide pregnancy within	3 months of death)	
14. Malden name.	Rosa Bell	e Crute	chly	Major findings of oper			
14. Maiden name.	Maryland						
16 Informant Reg	ristrar's (	office.	Clin. Records				
			. Howard, Md.			which death should be charged	
			Mat. 25-46	22. VIOLENCE: It dea	ath was due to external	causes, fill in the following:	
17	urial	Date ther	eof Oct 25-46 (month) (day) (year)	Accident, suicide, or ho	omicide	Date ot	
Cemetery or cremato	Annapoli	s Nati	onal Cemetery	Where did injury occur	?(City or town	(County)	(State)
	Annapoli	s, Mar	yland	I a company to the company of the co		(where?)	
Location				Means of injury	0	Injured at work?	
			ž		D	504	
Address	2334 Jeff	erson, S	St., Balto. Md.	22 SIGNATURE	1 au	l'odget	
(Ort	23-1946	A	inom I Harkes	RIL PAU	L PADGET,	M. D. ACT. CHT	Nothe DIR.
(Date rec'd by re	egistrar)		Registrar	Address V.A.	Ft. Howard		10-23-46



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# MARYLAND STATE DEPARTMENT OF HEALTH PC

2411 N. Charles St., Baltimare 13-6

	- Co - C - C - C - C - C - C - C - C - C	
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infeats give real-dence of mother)	
City or fown. Tows on 4, Maryland (If outside city or fawn limits, write RUBAL and give nearest town)	State County Della County Della County City or town Life Outside City or town limits, write RURAL and give nearest town)	
How long in above place of death?	Street Ho HA Le Messagest at	******
How tong to hospital or institution?	(If rurn), give LOCATION)  2.(α) if veteran, name war	
3. (a) FULL NAME Runkey & Tucker	3. (b) Social Security Number	
4. Sex 5. Color or race S.(a) Single, married, widowed, or divorced male White Married	MEDICAL CERTIFICATION  2D. DATE OF DEATH. October 23:31	₽ M
6.(6) Name of husband or wife Hassuck M Jacker years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	¥
7. Birth date of deceased (mo., day, yr.) Accumpted 12, 1876  8. AGE: Years Months Days It test than one day	and that I tast saw b and alive on black but 194  Immediate cause of death DURAT	
69 10 2hrsmin.	Pulmany Subulates	
9. Birthplace (Town, county, and state)	Due to January	
10. Usual occupation of Management of State of S	Due to	
12. Hame List Isrefler and County And	Other conditions	**********
14. Malden name Assaul Standar M. Millia	Major fiadings of operations	.0.000000000000000000000000000000000000
Personal History- Hospital Records 16. Informant	Autopsy results	
Address udowood Sanatorium, Tows on 4 Md  17 September 1 Dex 77-1446  (Burial, cremation, or repoval. Whigh) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide	
Cometery of comator Local Down Location Ocklased Howard Co Md	Where did injury occur?	
18. Funerat discools for Caul B.M. Walter	Means of Injury Injured at work?	
19. Act 25 19. 46. A. W. Hedrish (Date rec'd by registrar)  (Date rec'd by registrar)	23. SIGNATURE M. D. or other  Address Towson 4. Maryland Date signed 10-24	-46

PLEASE

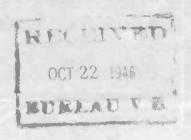
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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-70

7%	4	09821
	Reg.	Diat. No. 40

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Bo / to	State Md. County Balto		
City of town (If outside city or town limits, write RURAL and give nearest town)	City or town. (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Vollmert Are	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Berthold C. Voll			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white Marriel	20. DATE OF DEATH. Q C T 10 74. 13 46 31 1 A		
8.(6) Name of husband or wife. A melia Vollmert	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from		
6,(c) If alive, give ageyears	0000 011		
7. Birth date of decessed (me., day, yr.) ///3/6 6	and that I last saw h. L/M		
8. AGE: Yesrs   Months Days   If less than one day	my cardial mulpuring 12 hrs.		
79 10 23hrsmin.	0 (1)		
9. Birthplace (Town, county, and state)	Due to Cardio vos cular Diseri Manyyen		
10. Usual occupation. Truct farms			
	Due to		
	Diher conditions.		
12. Name Q e o Yo/me v t  13. Birthplace Q e r m o n y			
	(Include pregnancy within 3 months of death)		
E C	Major findings of operations		
5 5 V 11 / +	Date of op.		
	Antopsy results		
Address Vollmert Ave. Futterton Me	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Date thereof (month) (day) (year)	Accident, suicide, or homicide		
cemetery or crematory St. Michaels Luth Cem	Where did injury occur?		
Location /3 am / to. Co. Md	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Landon Farmal House	Mesans of Injury Injured at work?		
Address 7401 Belain Belin	a f f le le sant Mal		
10/11/41 McmAtamm	SIGNATURE M. D. or other		
(Date rec'd by registrar)  Registrar	Address 57/3 Belanka Dale signed 10-11-48		



# ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITKLINF is especially important.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3 3

# CERTIFICATE OF DEATH

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Reg. Diat. No.

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	- 1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)		
county/ Baltimore	State Md. County Balto.		
City or town			
How long in above place of death? 16 years	City or town. Chase (If outside city or town limits, write RURAL and give nearest town)		
Hospital, institution, or street address where death occurred:	Sireet No. Ebenezer Rd. & Eastern Ave.		
benezer Road & Eastern Ave.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Benjamin C. Wa	rd.		
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH OCT. 2374 1976 21 530 A.M		
6.(b) Name of husband or wife Margaret Oates Ward	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
E (e) If all un give age	Lut 1942 1946 10 Oct 23 19 46		
7 Right date of	and that I last saw h		
deceased (mo., day, yr.) April 24, 1903	Immediais cause of death DURATION		
8. AGE: Years Months Days If less than one day	Jeruary Supplies 4m.		
43 5 29hrsmin.			
9. Birthplace Michigan (Town, county, and state)	Due to		
(Town, county, and state)			
10. Usual occupation Store Keeper	Due to		
11. Industry or business	0:11-11-		
12. Name William Ward	Other conditions waveles Mellelies 10 m.		
12. Name William Ward  13. Birthplace Michigan			
14 Malden name Elizabeth Black	(Include pregnancy within 3 months of death)		
14. maiden name	Major findings of operations		
15. Birthplace Michigan	Date of op		
16. Informant Mrs. B. C. Ward	Aotopsy results		
Address Ebenezer Rd., Chase, Md.	PHYSICIAN: Please noderline the caose to which death should be charged statistically.		
	22. VIOLENCE: It death was due to external causes, fill in the following;		
17. burial Date thereof Oct. 26, 1946. (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Lakeside Cemetery	Where did injury occur?		
Location Port Huron, Michigan	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Lassalin Finneral Home	Means of Injury Injured at work?		
Address 7401 Belair Road	(Bain Day)		
	23. SIGNATURE M. D. or other		
19. Oct. 73 1946 John D. Comelly	Address 8/5 Easter an Date signed 10-23-4		
(Date rec'd by registrar) Registrar	Address		



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M	RVIA	ND	STATE	DEPARTMENT	OF	HEALTH
TATE	XKILA	שוע	SIAIL	DEFARIMENT	UL	DEALIC

2411 N. Charles St., Baltimore Si-

How long in above place of Mospital, Institution, or str Veterans. Adm How long in hospital or las 3. (a) FULL NAME	nore Howard, death? 19 d eet address wher h. Hospi	limits, write R ays e death occurred tal, For Days	URAL and give neerest town)	Street No.  2.(a) If veteran, name war.  3. (b) Social Security Number 2 1 5 - 0 9 - 1 7			
4. Sex   5	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFIC			
Male	white	Marr	ied	2D. DATE OF DEATH 20, October			
deceased (mo., day, yr.)	27, Dec	, 1916	e) If alive, give agoyears	21. I CERTIFY that death occurred on the date above stated; the least stated of the least stated of the least stated on the last saw h him alive on 20,0ctober Immediate cause of death Carcinoma of Te	0,0ctober 1946 ,1946		
8. AGE: Years 29	Months 9	Days 23	If less than one day	with generalizied metastas			
11. Industry or business  12. Name Rober	Unemplo	yed ner		Due to	l Unknown		
H 14. Malden name		Ball		(Include pregnancy within 3 months of de			
16. Informan Clinic Fort H	al Reco	rds Veto Maryland	erans Adm.	Autopsy results			
17	Nation Nation Nation Nation Nation Nation	Date there had Cemeryland	etery  reet Balto, Md  Registrar  Registrar	22. VIOLENCE: If death was due to externat causes, fill in the Accident, suicide, or homicide  Where did injury occur?  (City or town)  (njured at home, farm, industry, public place (where?)  Maans of injury  101  23. SIGNATURE Robert M Cullison, M. AddressFort Howard, Maryland	Date of		

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-2)

# CERTIFICATE OF DEATH

09824

			2	a.
97.	Dist.	No.	3	ı

1. PLACE OF DEATH: Balto.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	7 /
City or town (If outside city or town limits, write RURAL and give nearest town)	State Md County Balto
	City or town Two Clauses
How long in above place of death?	(If outside city os town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred:	Street No. 2506 Parkview Drive
2506 Partiew Drive	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clarence Edgar Whis	touore
4. Sex 5. Color or race 6.(a) Single, married, windwed, or directed	MEDICAL CERTIFICATION /255
Male White Married	20. DATE DE DEATH. Oct 4th 1946 at 1946
Grace Lours Whiteurs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of Investment or wife	
	Jan - 13 75 10 19
7. Birth date of deceased (mo., day, yr.) Start 29 1901	and that I last saw h.l.z. alive on 19 72
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
45 0 5hrsmin.	
	1) Jymphr - Sarcoma - 18 month
8. Birthplace Union Bridge Ml (Town county, and state)	Due to.
18. Usual occupation Sales man	
11. Industry or business Building Inscialties	Due to
12. Name Whitmore	
2 13. Birthplace Tokn Whitmore	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name  15. Birthplace  15. Birthplace  15. Birthplace	Major findings of operations - Brossey of Flands -
E 15. 8irthplace mma McKaunzy Pa	
16. Informant Frank C. Whitmore	Autopsy results
Address 4505 Prospect Circle	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bunial 10/2/41	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, assuation, or removal, Which?)  (Burial, assuation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location / Balto. Med.	injured at home, farm, industry, public place (where?)
18. Funeral director William Cook Juc	Means of injury injured at work?
Address 1217 St. Paul St. Balto. Md.	Soul I M. L. ho
19. 90/7/46 19 Q.W. Hedreck (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other M. D. or other State of Stat
(Louise the control of the Registrar)	Address Oate signed 5

MARGIN RESERVED FOR BINDING

#### MARYLAND STATE DEPARTMENT OF HEALTH

# 2411 N. Charles St., Baltimore (31-0) CERTIFICATE OF DEATH

(19825) Reg. Diat. No. 40

1. PLACE OF DEATH: A	2. USUAL RESIDENCE (HOME) OF DECEASED:
County County	(For newborn infents give yesidence of mother)  State
(If outside city or town limits, write RURAL and give nearest town)	No in a later of the state of the later of t
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 72/9 Helltop (we.
J. 72/9 Helltop lives	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Elizabeth Wis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale White Widow	20. DATE OF DEATH Oct , 29 1946 21 3 P. M
B.(b) Name of husband or wife Joseph Windish	21. I CERTIFY thei death occurred on the date above stated; that I alleged deceased from
	OLT 29 1946 10 OLT 29 1946
7. Birth date of	and that I last saw hely alive on OCF 2 9 19 86
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death Weller
72 1 01	More repliels Got 27/4
/ 3 /	cardy- micular-roual bypuling
9. Birthplace (Town, cycinty, and state)	Due to allers 5 clubry 1
10. Usual occupation Actually 16	
11. Industry or business	Due to
MI Holden Milians	Called Contribut Got Wit
12. Name Schlighthald felder All (13. Birthpiace)	Other conditions
El Terrio Historia	(Include pregnancy within 8 mosths of death)
14. Maiden name ANDAMANDON	Major findings of operations.
E 15. Birthplace Hungary	Date of op.
16. Informant and a stable of Maddella	Autopsy results.
Address 7219 Hellop Clase	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which)	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Allald Suffice	Injured at home, farm, Industry, public place (where?)
18. Funeral director DM GOOK JMC	Means of Injury Injured at work?
Address 1217 St. Paul St.	Louis & Kinggrein
. 11-30.46 Questadais	23. SIGNATURE M. D. or other
(Date ree'd by registrar) Registrar	Address 722 . Central Date signed Cott30/46

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MAKILAND	DIAIL	DEPARTMENT	Uľ	HEALIH

411	N.	Charles	St.,	Baltimore	(46-8
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CERTIF	CATE	OF	DE	HTA

RURAL and give nearest town)

If less than one day

(month) (day) (year)

23. SIGNATUR

Address.

Registrar

	2081 201-01 2101
2. USUAL RESIDENCE (HOME	) OF DECEASED:
(For nowborn infants give residence	e of mother)
State Md.	County Ballyson

M. D. or other

	74		County	Dalles
City or town	Ba	Steen or	2	TURKE and of
	(If ontside	city or town l	imits, write,	MURAL and gr
-		. 9 01	4	

City or town	Write JUKAL and give n	curest town)
Sireet No3.6.6.9. Ulliss. (Ifrural, givo	LOCATION)	
2.(a) if veteran, name war		
Wockenfuss	3. (b) Social Security	Number
MEDICAL CI	ERTIFICATION	
20. DATE OF DEATH OLD 3	1946	94
21. I CERTIFY thet death occurred on the date abo		
and that I last saw halive on	************************	18
Immediate cause of death	Alrod	DURATION Grands
		****
Due to		••••
0.000.000.000.0000.0000.00000.00000.0000		
Due to		•••••
***************************************		
Other conditions	***********************************	
(Includo pregnancy within 3 r	nontha of death)	
Major findings of operations		
***************************************	Date of op	
Antopsy results	ich death should be charge	d statistically.
22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City or town)		
Injured at home, farm, Industry, public place (wi	nere?)	
Means of Injury	Injured at work?	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death-clearly and legibly. WRITE PLAINLY, PLEASE

1. PLACE OF DEATH:

How long in hospital or institution?..

Years

3. (a) FULL NAME

4. Sex

7. Birth date of deceased (mo., day, yr.)

9. Birthplace ......

10. Usual occupation. 11. Industry or business

> 12. Name. 13. Birthplace

14. Malden oame 15. Birthplace

8. AGE:

FATHER

MOTHER

How long in above place of death?..... Hospital, institution, or street address where death occurred:

5. Color or race

Months

Days

Town, connty, and state)

Ballowne

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## 2411 N. Charles St., Baltimore (3)-0 CERTIFICATE OF DEATH

County Baltimore  City or lown. Catonsville (If outside city or town limits, write RURAL and give nearest town)				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
			•	State Maryland County			
				City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)			
Kow long in above place Hospital, institution, or	of death? Y.Q.	ars, 5.	months, 4 days				
S pri:	ng Grove	State I	lospital	Street No. 2042 Fountain Street			
How long in hospital or	Institution?9		mos., 4 days	2.(a) If veteran, name war.			
3. (a) FULL NAMI	Fel	ix Wods	arezyk (Wlodarczyk	3. (b) Social Security	Number		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION			
male	white		single	20. DATE DF DEATH October 10 19.46	ai 10:55am		
R (h) Name of husband	or wife	•		21. I CERTIFY that death occurred on the date above stated; that I attended decea	ased from		
			(c) If allve, give ageyears	July 6 19.37 10.0ctober	1019.46		
7. Birth date of	3000		o / 11 antto; give age	and that tast saw h im alive on October 10	19.40		
deceased (mo., day, )  8. AGE: Years		Days	tf less than one day	Immediate cause of death	DURATION		
o. Ada.		2	hrs. min.		over 8		
60					months		
9. Birthplace Poland (Town, county, and state)			state)	Due foChronic interstitial nephritis	-inder-		
10. Usual occupation Laborer			Page 10	***************************************			
11. Industry or busines	Sta	vedore		USE 10	***************************************		
			darezyk	Other conditions			
12. Name	Pol						
	Sug		kansky	(Include pregnancy within 3 months of death)			
14. Maiden name.	Pol			Major findings of operations			
2 15. Birthplace			• 411	Date of op.			
16, Informant	пов	pital :	records	Autopsy results	etatistically		
Address	Cat	onsvill	le-28, Maryland				
17 Bru	rial	Date the	reof 10-12-46 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:  Accident, suicide, or homicide			
17 (Burial, cremation, or removal, Whigh?)  Cemelery or crematory			(month) (day) (year)		*****************************		
			sary (em	Where did Injury occur? (City or town) (County)	(State)		
Location	altq.	(	aunty	Injured at home, farm, Industry, public place (where?)			
16. Funeral director	John	Su.	Welly	Meens of Injury Injured at work?			
Address 401	1 1.	1/21	tru Munit	Isade tuck, to	٠٥,		
Address - V	1.11	rus	2 W Hadis	23. SIGNATURE Isadore work, M.D.	or other		
19. 18/11/46 19. O. W. Registrer			Registrar	Cotonomi 17a-20 Md			

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WRITE

PLEASE

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore (3)-0)

#### CEDTIFICATE OF DEATH

19 09838 P

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Fort Howard, Maryland (If outside city or town limits, write RURAL and give nearest town)	State Maryland Couchy Baltimore
(If outside city or town limits, write RURAL and give nearest town)	City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 days	
Nospilal, Institution, or street address where death occurred:  Vets. Adm. Hosp. Fort Howard, Maryland	Streel No. 1805 W. Pratt St.
	(If rural, give LOCATION) WWI
How long in hospital or institution?15. days.	.   2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Benjamin G. Young	Unknown
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married-Separated	20. DATE OF DEATH October 13th 19.46 at 11:2554 m
6.(b) Name of husband or wite Grace T. Young	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from September 28th 1946 10. October 13th 19.46
7. Birth date of Non- 27 1993	and that I last saw h im alive on
deceased (mo., day, yr.) May 20, 1001	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Uremia 11 days
hrsmin	Terminal pneumonia: bronchist. Elaran days!
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to.
10. Usual occupation Unemployed	
1D. Usual occupation	Oue to Charnie interatitial nafarities.
11. Industry or business	- Duration : not atotado
12. Name John A. Young  13. Birthplace Baltimore, Maryland	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Lena Geer  15. Birthplace Baltimore, Maryland	
Baltimore, Maryland	Major findings of operations.
16. Informant Clinical Records.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fort Howard, Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Burial Bale thereot Oct 17-1946	
(Burial, cremation or ramoval Which?)  (Burial, cremation or ramoval Which?)  (Burial, cremation or ramoval Which?)  (Ceme tery - Batte Was	O I ASSESSED TO THE PROPERTY OF THE PROPERTY O
Cemetery or Cemetery or Cemetery of Cemetery or Cemetery or Cemetery or Cemetery of Cemete	Where did injury occur? (City or town) (County) (State)
Location 110110 Per 15:11. Walters	Injured at home, farm, Industry, public place (where?)
Walter's Funeral Home	Means of Injury Injured at work?
18. Funeral diffector	10 190.0
Address Pratt & Stricker Streets, Balto., Md	23. SIGNATURE J. James Thomasy A.
19: O feducidad (Dofe rec'd by registrar)	Fort Howard Md GO/77/46